

NEW ARRIVAL FORM



This form needs to be sent to HR at least **3 days prior to the arrival** of a new staff member, or any individual who is going to require staff like access to UC systems and services. This will ensure that system access is ready for when the person arrives at UC.

For information on obtaining access to Network Shares and systems such as Callista, Prophecy, Syllabus Plus and Alesco go to <http://www.canberra.edu.au/icts/serviceaccess>

Please **print clearly** and be sure to **complete mandatory questions marked with ***

PERSONAL DETAILS: to be completed by or on behalf of New Starter.

*Surname _____ Previous Surname _____

*Given Names _____ *Preferred Name _____

*Title _____ *Gender M F *Date of Birth ____ / ____ / ____

Home phone _____ Mobile phone _____

Previously worked or currently working at UC Employee No. if known _ _ _ _ _

Home Address

Street 1 _____

Street 2 _____ External Email Address _____

Suburb / Town _____

*State _____ *Postcode _____ Country _____

POSITION DETAILS: to be completed by the Supervisor.

Employment Type: Continuing Fixed Term Sessional Casual Non Pay

GENERAL

* Room Number _____ * Work phone _____ Work Fax _____

* Computer Access Requirements: Standard Access No Access

POSITION

Position No. _ _ _ _ _ Position Title _____

* Organisation Level 1 (eg. Division) _____

* Organisation Level 2 (eg. School) _____

* Organisation Level 3 _____

*Start Date ____ / ____ / ____ End Date ____ / ____ / ____

*Immediate Supervisor _____ *Supervisor Employee No. _ _ _ _ _

APPROVAL:

PVC/ Executive Director Name _____

Signature _____ Date ____ / ____ / ____

Please send the completed form to Salaries Office, Room 1C7, HR Unit

OFFICE USE ONLY:

When actioned in Alesco, please fax form to Ann Harvey on ext: 5120

Employee No. _ _ _ _ _ (please search Alesco records carefully before allocating a new number)

Initial when actioned _____ Date ____ / ____ / ____