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| **EMPLOYMENT CONTRACT – SPECIAL PURPOSE****AND APPROVAL FOR ONE-OFF PAYMENT***(Use for one-off engagements with an individual who is not currently an ECU employee)* |
| This contract is only to be used for one-off engagements as follows:1. Examination of thesis b) Guest Lecturer (one-off) c) School Review Panel Member d) Specific Activity**\***

e) Remote and Interstate University Supervisors/Mentor Teachers *(School of Education Only)*   |
| **SECTION 1. TO BE REVIEWED AND COMPLETED BY EDITH COWAN UNIVERSITY** |
| **PART A: EMPLOYEE DETAILS** |
| Staff number if employee has worked for ECU before:  |       |
| New Staff Numberif never worked for ECU. *(to be advised by Payroll Services)*  |       |
| Surname: |       | Given Name(s) |       |
| **PART B: APPOINTMENT DETAILS** |
| School/Centre:       | Business Unit:       |
| **Commencement date:**         | **End date:**        |
| **Reason for contract:** [ ]  Examination of Thesis [ ]  Guest Lecturer [ ]  School Review Panel Member [ ]  Specific Activity*If Specific Activity,* please detail activity to be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours Required \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Specific Activity must not exceed 7.5 hours and is limited to one occasion |
| **Location:** On Campus: [ ]  JO [ ]  ML [ ]  SW [ ]  JO and ML **OR** Off Campus within WA [ ]  **OR**  Off Campus outside of WA: [ ]  NSW / [ ]  VIC / [ ]  TAS / [ ]  NT / [ ]  QLD / [ ]  SA **OR**Off Campus outside of Australia: [ ]  Please state country:      |
| **PART C: PAYMENT**  |
| **[ ]  One-Off Payment**

|  |  |  |  |
| --- | --- | --- | --- |
| Paycode:       | Rate per hour:       | Total hours:       | Amount:       |

Rationale for payment amount |
| **PART D: FUNDING DETAILS** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project |  | Cost Centre |  | Account |  | Activity |  | Loc |  | Comp. |
|       | - |       | - |       | - |       | - |       | - | 0 | 1 |

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| **PART E: RECOMMENDING SIGNATURE AND APPROVAL (AS PER HR DELEGATIONS)** *to be completed approved prior to commencement of work* |
| **Recommended:** |
| *Name:*      | *Signature:* | *Date:* |
| **Approval as per HR Delegations:** |

|  |  |  |
| --- | --- | --- |
| *Name:*      | *Signature:* | *Date:* |

**Once complete please send to your School/Centre Officer for processing via HRonboard.**