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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** | | | | |

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| Project |  | Cost Centre |  | Account |  | Activity |  | Loc |  | Comp. | |
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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.**