

Variation to Ordinary Hours Form (FIN-PA016-01)



This form comes from the following procedure: FIN-PA Finance - Payroll

Award Modernisation requires that where an employer proposes to change an employee's regular roster or ordinary hours of work, the employer must consult with the employee affected and their representatives (if any) about the proposed change. This form is required to be completed where the ordinary hours of work are being varied temporarily as evidence of this consultation.

Details of Variation to Ordinary Hours

Type of Variation: <i>(Please Tick)</i>	<input type="checkbox"/> Temporary Variation
Roster: <i>(Please Tick)</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly
Business Name (Host Employer):	
Contact Name:	
Australian Apprentice:	

It is agreed that the ordinary hours of work of the employee above will be varied to the arrangement specified below:

Effective from (date): ____ / ____ / ____ Until (specify end date or 'ongoing'): ____ / ____ / ____

Week 1						
Day	Start Time <i>(e.g. 8:30am)</i>	Unpaid Break <i>(e.g. meal break)</i>		Finish Time <i>(e.g. 5pm)</i>	Other Times/ Breaks	Total <i>(hours minus unpaid breaks)</i>
		Break begins <i>(e.g. 12:30pm)</i>	Return to Work <i>(e.g. 1:30pm)</i>			
Monday						hrs
Tuesday						hrs
Wednesday						hrs
Thursday						hrs
Friday						hrs
Saturday						hrs
Sunday						hrs
					Total:	hrs

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Week 2 (where a fortnightly roster is used)						
Day	Start Time (e.g. 8:30am)	Unpaid Break (e.g. meal break)		Finish Time (e.g. 5pm)	Other Times/ Breaks	Total (hours minus unpaid breaks)
		Break begins (e.g. 12:30pm)	Return to Work (e.g. 1:30pm)			
Monday						hrs
Tuesday						hrs
Wednesday						hrs
Thursday						hrs
Friday						hrs
Saturday						hrs
Sunday						hrs
					Total:	hrs

Additional Comments: _____

Parties agree that:

- Consultation between employer and employee has been undertaken and consideration has been given to employee and employer views in relation to this variation
- This agreement is to be kept by the employer and a copy is to be provided to the employee.

Signature of Australian Apprentice: _____ Date: ____ / ____ / ____
 Signature of Manager/Supervisor: _____ Date: ____ / ____ / ____
 Name of Manager/Supervisor: _____

This form also relates to the following other forms: Nil