

EXPIRY OF FIXED-TERM APPOINTMENT

Faculty/Office to complete (The form must be submitted in time to allow any necessary notice to be given):

The fixed-term appointment of the following staff member will end on:
 _____ / ____ / ____
 (Day) (Date)

Faculty/Office: _____ Department: _____

Family Name: _____ Other Names: _____

Employee Number: _____ Job No.: _____ Full-time Part-time
 Academic Professional

I advise that the staff member will NOT be offered a further appointment in this position

- and that the job is no longer required in its current form. The possibility of a further offer had depended on the availability of further work in this area.
- and that there is no further funding available for the position. The possibility of a further offer had depended on the availability of further work in this area.
- as the position has been filled by another appointee.
- as the person is not seeking further appointment with the University (see attached letter).
- as the appointment was to replace a member of staff who is on maternity leave or secondment, and this person will be returning to duties on ____/____/____
- as at this stage it is not clear whether funding/ student numbers/ other will enable a further appointment to be made. The possibility of a further offer depends on the availability of further work in this area.
- as set out in the original offer.
- other reason: _____

For Professional Staff Only:

For part-time Professional Staff, please show the ordinary hours worked or to be worked in the last part week or fortnight, as the average hours may be incorrect.

Last Week / Fortnight - Dates and Hours to be Worked

DAY	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED
DATE	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
HOURS														

Recommended: _____ Date: ____ / ____ / ____

Approved: _____ Date: ____ / ____ / ____
 Head of Department/Faculty/Office or other HR Delegate

HR USE ONLY:

Eligible for severance payment?: No Yes - Number of Weeks: _____

Letter written/HRIS entered: _____ (inits) ____ / ____ / ____ Checked: _____ (inits) ____ / ____ / ____