
Application for an Adjustment in Cost of Employment, Work Hours or Conversion of Appointment

Department / Division:	
Date:	
Completed by:	

Background / Context

Motivation:

Recommendation:
CHAIRPERSON / DIVISION HEAD **Date**

Approval:
DEAN / DIRECTOR / **Date**
DEPUTY VICE CHANCELLOR

Additional approval:
Signature **Date**

Designation **Title**

For office use:

Does the request affect employee's Leave Package?

Comments:

Approval:

.....
HR PRACTITIONER **Date**

.....
HR MANAGER **Date**

.....
CHIEF DIRECTOR: HUMAN RESOURCES **Date**