

ACADEMIC JOB-SHARING APPLICATION FORM



SOUTH EAST TECHNOLOGICAL UNIVERSITY

Please note job-sharing is where you are splitting your role with another work colleague on 50/50 basis.

Staff ID: _____ Name: _____

Contact Number: _____

Title of Post: _____ Department: _____

DETAILS OF JOB SHARING SOUGHT:

Commencement of Job-sharing request:

Semester 1 Semester 2 Both Sem 1 & 2

Please provide **specific work pattern** of requested job-sharing application:

<input type="checkbox"/> Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
<input type="checkbox"/> Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
<input type="checkbox"/> Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day

DECLARATION OF CONSENT TO BE COMPLETED BY EMPLOYEE

I have read the regulations of the Department of Education and SETU., governing the granting of job sharing and agree to be bound by them.

SIGNED: _____

DATE: _____

SIGN OFF TO BE COMPLETED BY HEAD OF SCHOOL

Please confirm who the other 50% of the post is being shared with

Name: _____

Staff ID: _____

Title of Post: _____

I have read the above application form for the employee and agree to the proposed agreement

SIGNED: _____

DATE: _____