**SUPERVISOR TO COMPLETE**

|  |  |
| --- | --- |
| UQ ID # |  |
| Student ID # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PLEASE INDICATE APPOINTMENT TYPE:  Staff Member  F/T  Casual  P/T FTE:\_\_\_\_\_\_\_\_ | | | |
| Visitor  Student (UQ)  Student (Other)  Volunteer (maximum one month, please also complete [Volunteer Registration Form](http://www.uq.edu.au/shared/resources/personnel/VolunteerRegistration.doc))  \*if under 18 years of age please consult with HR. | | | |
| Surname: |  | Given Names: |  |
| Commencement Date: |  | Expiry Date: |  |
| Supervisor: |  | Co-Supervisor: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Access Required | | Building | | |
|  |  | PAH | HSB | TRI |
| CHSR Staff | (24hrs) |  |  |  |
| CHSR – Staff Tz | (6am-6pm) |  |  |  |
| CHSR – Student Tz | (6am-6pm)  [Date limited] |  |  |  |
| CHSR - Student Weekend | [Date limited] |  |  |  |
| Temporary Visitor Cards | (6am-6pm) |  |  |  |

**PURPOSE OF VISIT/JUSTIFICATION Please provide a detailed explanation of the work the visitor will be doing at CHSR e.g. Staff position, work project fort visitors etc**

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**INDICATE THE DAYS REQUIRING A WORKSTATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**REQUESTED FACILITIES – please comply accordingly**

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| Will this Visitor be logging directly into the UQ network, and will require an ITS account?  YES  NO  **NB:** Accounts can take up to 1 week for processing by ITS. |
| **What workstation requirements will need to be arranged?**  e.g. laptop / desktop computer, phone etc. |
| **Please state any other facilities or special requirements**  e.g. specilaised software or desk requirements |

**SIGNATURE OF SUPERVISOR**

**Electronic signature is acceptable**

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I confirm that the new starter detailed above will be hosted by my group and that the required resources will be provided for their term of employment/visit.  I confirm that the new arrival will be made aware of all risks or hazards they may be exposed to, and that they will receive appropriate training before undertaking any work. |

***On completion please send to*** [chsrapprovals@uq.edu.au](mailto:chsrapprovals@uq.edu.au)

*Office Use Only*

**ALLOCATION OF DESK**

|  |  |
| --- | --- |
| Allocated to Desk |  |

**HOURS OF WORK/SEATING ARRANGEMENTS**

**Please indicate approximate hours per week and what desk the visitor will use (ie/ shared desk, hotdesk etc)**

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| --- |
| FTE :  Proposed workstation/desk:  Building and Floor (if relevant): |

*Checklist:*

|  |  |
| --- | --- |
| Onboarding email sent: |  |
| Bldg Induction date: |  |
| Access Requested: |  |
| Add new member to staff list |  |
| Sent to Infrastructure |  |