

Temporary Individual Roster Arrangement Form



Health

This form is designed to record any staff working restrictions or Temporary Individual Roster Arrangements.

Name:
Unit/Ward:
Classification:
Date:

Availability: specific shifts for which you are unavailable (e.g. unavailable Monday Day shifts)

Please circle relevant shifts

MONDAY	Day	Evening	Night	FRIDAY	Day	Evening	Night
TUESDAY	Day	Evening	Night	SATURDAY	Day	Evening	Night
WEDNESDAY	Day	Evening	Night	SUNDAY	Day	Evening	Night
THURSDAY	Day	Evening	Night				

Requested Commencement Date:

Reason/s for Restrictions:

Temporary Individual Roster Arrangements: a set sequence of shifts and/or days requested (e.g. every Monday, Tuesday and Saturday). Specify preferred roster arrangement listing the shifts and days staff member is available to work and a detailed reason for this request:

Requested Commencement date:

Employee Signature:

Manager to Complete

Request Approved: YES NO **Manager Signature:**

Approved Request Commencement Date: **Length of Trial Period:**

(Within 3 months)

Review Date:

Reason for non approval:

It is an expectation that staff will remain flexible to ensure service provision and that whilst Temporary Individual Roster Arrangements may be agreed to, managers can reasonably request an alteration to agreed arrangements during periods of staff shortages or altered service demand.