**Divisional Protocol Checker: Professional, Administrative & Support Posts; Worker Requests**

**Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request Type: (Please indicate as relevant)**

**1** New Professional post (or existing post at higher grade)

**2** Refill of existing post to be advertised internally only

**3** Refill of existing post to be advertised externally (where internal recruitment was not successful or not appropriate)

**4** Extension of FTC post

**5** Increase FTE

**6** FTC to permanent

**7** Worker requests (from Worker Request form)

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| **Question** | **YES** | **NO** | **NOTES** |
| 1. 1. Is the post fully-externally funded or 80% or more externally funded? |  |  | If YES – Dept approval only required.  If NO – continue to question 2 |
| 1. 2. Is the post to cover family leave or sick leave of <12 weeks? |  |  | If YES – Dept approval only required.  If NO – continue to question 3 |
| 1. 3. Is this a refill of an existing post which will be advertised internally only for which the Division understands there is a strong case? |  |  | If YES – Divisional approval (standard process)  If NO - continue to question 4 |
| 4. Is this request to increase hours by 25% or less; or an extension of FTC,TSS worker, Casual for 4 weeks or less? |  |  | If YES – Divisional approval (standard process)  If NO - continue to question 5 |
| 5. Is there a clear statement to demonstrate that the work in question cannot be absorbed within the existing staff complement across the division? |  |  | If YES - continue to question 6  If NO – Division **reject** the request – complete the **rejected** section below and return the protocol checker to the department. |
| 6. Are one or more of the following conditions met:  (i) there are overwhelming operational imperatives to fill the post (eg. contributes to the efforts to combat the impact of Covid-19 or is to support capital projects already underway); **or**  (ii) there are safety risks to the University if the post is not filled; **or**  (iii) there are legal requirements to fill the post; **or**  (iv) there is evidence that not to recruit will result in demonstrable overall financial loss to the University; **or**  (v) the proposed new post forms part of a restructuring proposal which has demonstrated that its filling is necessary to produce overall savings or to significantly increase income. |  |  | If YES – Division **approve** the request.  If NO – Division **reject** the request.  Complete the **approved** or **rejected** section below and return the protocol checker to the department. |

**DIVISIONAL DECISION**

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| Review Date: |
| □ Approved  Divisional Comments:  Divisional approval given by:  Name: Position: |
| □ Rejected  Reason: |