PART-TIME WORK AGREEMENT

Industrial Relations Act 1996 - s. 76

Name of Employer:		
Employer's Postal Address:		
Workplace Address (if different to above):		
Name of Employee:		
Name of Relevant Industrial Instrument: (S Enquiry Service Centre of the Office of Industria Telephone: 131 628 Web: <u>www.industrialrelations</u>	al Relations if you are un	
Job Classification:		
Hours to be Worked: (Starting and finishing tin on days to be worked during each ordinary we dated by both parties if insufficient space is prov	ek or work cycle. Please	
Total number of paid part-time hours each or	dinary week or work cy	/cle:
Date of Commencement of Agreement:		
Date of Termination of Agreement (if fixed per	riod):	
Right of Return to Full-time If, prior to commencement of this agreement, the employee, then at anytime during the period of t		
will will not (please indicate applicable option)		
have the right to return to full-time work, under the written notice to the employer.	ne relevant award or ente	erprise agreement, by giving
This agreement entitles the employee to work or herein. Otherwise, the provisions of the relevant South Wales are to be observed.	• •	
(employee's signature)	(date)	
(employer's authorised representative's name)	(signature)	(date)

Note: Original to be retained by employer. Copy to be supplied to employee. Copy to be forwarded to the Industrial Registrar, GPO Box 3670, Sydney NSW 2001 by mail or by facsimile to (02) 9258 0058, not later than one month after this agreement is made.