Rostering Best Practice

Far West Local Health District

Rostering Policy Compliance Procedure

November 2017
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**Endorsement**

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<tr>
<td>FWLHD Rostering Steering Committee</td>
<td>30th November 2017</td>
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<tr>
<td>FWLHD Rostering Steering Committee Executive Sponsor, Dale Sutton</td>
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<td>FWLHD Chief Executive Endorsement</td>
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Introduction

Rosters are crucial to the functioning of any healthcare service as they ensure that staffing resources are allocated appropriately to provide high quality and efficient patient care and support services. The Rostering Best Practice program of work takes into consideration factors such as: patient needs; staff needs; organisational needs; the workforce and skills required to deliver services; and, workforce availability, with the overarching principle of delivering services to patients as the first consideration.

Rosters must conform to relevant regulatory frameworks, including: Anti-Discrimination; Work, Health and Safety legislation; Industrial Awards; and, NSW Health and LHD / SHN policies.

In line with the NSW Health Rostering Principles within the [NSW Health Rostering Resource Manual](#), Far West Local Health District (FWLHD) has developed the following Rostering Policy Compliance Procedure in order to assist roster managers in achieving Rostering Best Practice. All rostering approvals are as per the delegations manual and the LHD Rostering Policy Compliance Procedure.

### OVERARCHING PRINCIPLE
Delivering services to patients is the first consideration.

### THE PRINCIPLES THAT GUIDE ROSTERING IN NSW ARE:

**PRINCIPLE 1:**
Rosters must ensure that there are sufficient and appropriately skilled staff rostered to work, in order to provide appropriate patient care and to meet anticipated service demands.

**PRINCIPLE 2:**
Rosters must conform to relevant regulatory frameworks, including antidiscrimination, work health and safety legislation, industrial awards, and NSW Ministry of Health and LHD/SHN policies.

**PRINCIPLE 3:**
Rostering processes should ensure staff are rostered fairly, while still providing appropriate flexibility to facilitate meeting unit staffing needs.

**PRINCIPLE 4:**
Rosters must make appropriate provision for adequate staff supervision, training and clinical handover.

**PRINCIPLE 5:**
The organisation must have appropriate governance structures in place to oversee roster planning, creation, approval, monitoring and reporting.

**PRINCIPLE 6:**
Rostering practices in NSW Health are based on co-operation between rostering managers and staff, in order to promote fairness in rostering and to deliver appropriate care to patients.

The FWLHD Rostering Policy Compliance Procedure covers the following key areas:

**Definitions**

The following definitions apply throughout this document:

**Roster Creator**

The person responsible for developing the roster. This is usually the Clinical Support Officers, Nurse Unit Manager, Deputy Manager, Second In-Charge, Team Leaders or a senior member of the team with delegated responsibility, therefore the Roster Creator and Manager may be the same person.

**Roster Manager**

The person responsible for managing the implementation and outcomes of the roster. This is usually the Department / Unit Manager.

**Roster Approver**

The person responsible for approving the roster prior to publication. This is a Senior Manager within the organisation. **The Roster Manager and the Roster Approver are different people** as this allows for an independent review of a roster providing visibility of rostering issues at a higher level within an organisation. For example this might be the Clinical Program Director, Department Head or other senior manager.

**Publication of a roster**

All rosters have a minimum requirement to be published and accessible for all staff to see in advance in accordance with the relevant industrial award notice.
Roster Governance

FWLHD strives to ensure flexible, fair and equitable rosters to all staff within service delivery provisions.

All roster managers must review rosters prior to publication to ensure:

- Staff members have been rostered in compliance with the relevant award
- The roster meets demand template to ensure service delivery within approved budgeted Full Time Equivalent (FTE)
- The applicable skill set is covered by the roster
- The correct number of FTE are rostered on annual leave to achieve the annual leave requirements
- Roster requests have been accommodated wherever possible as per the procedure for roster request management
- The pattern of shifts rostered and shift length duration is cognisant with minimising and managing work related fatigue as per the *NSW Health Preventing & Managing Work Related Fatigue: Guidelines for the NSW Health System (GL2007_023)*.
- For Nursing and Midwifery, appropriate signed documentation has been received and kept on record where the staff member elects to waive their entitlement as per the *Public Health System Nurses’ and Midwives’ (State) Award 2017* Clause 4(iv)(a) in relation to breaks between shifts (Appendix A).

It is a requirement for Roster Managers to review and update rosters with any changes on their next working day, including the daily finalisation in the rostering system.

Rosters are created and published in the rostering system. These are required at least two weeks prior to the commencement date of the first working period in any roster and can be printed from the system if necessary.

Roster managers should be aware of their obligation to approve timesheets prior to submission for payroll processing. As per the *Auditor General's Report to Parliament 2014*, the absence of approved rostered hours increases the risk of staff claiming, and being paid for hours they have not worked.

Generally roster managers are required to keep roster related records for a period of seven years. For further information please refer to *State Records: The General Retention and Disposal Authority (GA28)* or your LHD representative.

Secondary Approval

In all areas secondary approval of rosters is required, prior to publication. This is to ensure rostering best practice principles have been applied.

Secondary approval is performed by the Roster Approver as per the date matrix example as seen in Appendix B.
The following is a list of considerations (as appropriate) for the Roster Approver:

- Roster completed in accordance to award and Rostering Policy Compliance Procedure
- All weekend, public holiday and on call shifts are covered
- All night shifts covered
- Skill mix balanced across all shifts
- Shift vacancies balanced
- Annual leave FTE target*
- Study leave included*
- Workers compensation included*
- Maternity leave included*
- Unpaid maternity leave included*
- Long term sick leave included*
- Excessive annual leave monitored*
- ADOs are covered*
- Utilisation of TIL of Overtime in rostering practices
- Staff rostered appropriately to contracted hours

In standard rosters the considerations indicated above with * are to be reviewed every 6 – 12 months by the Roster Approver.

Following publication and prior to sign off for payroll, all roster managers must ensure that their staff attendance is verified.
The Rostering Process Flowchart

The Rostering Process Flowchart is designed to provide an outline of the necessary steps involved in developing a roster. Each step outlines factors to be considered, from receipt of budget information through to roster creation, maintenance and finalisation for transfer to payroll.

<table>
<thead>
<tr>
<th>Rostering Process</th>
<th>Key Tasks and Responsibilities</th>
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<tbody>
<tr>
<td><strong>Roster Template Build + Development of Key Performance Indicators</strong></td>
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</tr>
<tr>
<td>• Develop roster template in line with FTE, budget allocated and agreed skill requirements within approved staffing profile.</td>
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<tr>
<td>• Roster templates must be responsive to known workload variations, service provision, seasonal fluctuations and special events.</td>
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<tr>
<td>• Factor Work Health &amp; Safety and Occupational Health and Safety considerations.</td>
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<tr>
<td>• Consider leave planning when developing roster templates e.g., maximum number of staff on leave at one time.</td>
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<tr>
<td>• Determine roster structure, shiftwork, staggered shifts, on call.</td>
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<tr>
<td>• Ensure local developed roster rules are incorporated into the roster template including Temporary Individual Roster Arrangements.</td>
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<tr>
<td>• Ensure adequate time for patient handing is built into shifts.</td>
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<tr>
<td>• Ensure adequate supervision is available for staff.</td>
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<tr>
<td>• Determine the number, qualifications and skills of staff required per shift.</td>
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<tr>
<td>• Build in training and education requirements and provide cover where necessary.</td>
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<tr>
<td>• Develop and agree on rostering key performance indicators.</td>
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<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager</td>
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<tr>
<td><strong>Task:</strong> Develop a configuration of the key performance indicators.</td>
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<tr>
<th>Staffing Availability</th>
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<tbody>
<tr>
<td>• Ensure there is a process for review and approval of the following:</td>
</tr>
<tr>
<td>• Staff roster requests and Temporary Individual Roster Arrangements.</td>
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<tr>
<td>• Annual leave requests and leave schedule.</td>
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<tr>
<td>• Ensure personal leave balances.</td>
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<tr>
<td>• Add balances.</td>
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<tr>
<td>• Identify part-time staff available for additional shifts to avoid with vacancy management.</td>
</tr>
<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager</td>
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<tr>
<td><strong>Task:</strong> Development of staffing availability.</td>
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<tr>
<th>Roster Creation</th>
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<tr>
<td>• Ensure all approved Temporary Individual Roster Arrangements, roster requests, ADOs and leaves are entered into roster.</td>
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<tr>
<td>• Allocate staff to remaining shifts according to roster template build requirements and staffing availability.</td>
</tr>
<tr>
<td>• Fill vacancies according to locally developed vacancy management processes.</td>
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<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager</td>
</tr>
<tr>
<td><strong>Task:</strong> Ensure all approved Temporary Individual Roster Arrangements, roster requests, ADOs and leaves are entered into roster.</td>
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<tr>
<th>Approved for Publishing Roster</th>
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<tr>
<td>• Prior to sign-off ensure all appropriate steps in the roster process have been completed and agreed rostering key performance indicators have been met.</td>
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<tr>
<td>• Ensure local processes are in place for sign-off and approval prior to publishing roster.</td>
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<tr>
<td>• Following approval, publish roster according to Industrial Award requirements.</td>
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<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager</td>
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<tr>
<td><strong>Task:</strong> Reconciliation of roster to agreed key performance indicators.</td>
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<th>Maintenance</th>
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<tr>
<td>• Ensure rosters are updated daily to record time worked, unplanned leave, shift swaps and any other changes to the published roster.</td>
</tr>
<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager/SHM/Operations Manager</td>
</tr>
<tr>
<td><strong>Task:</strong> Roster maintenance.</td>
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<th>Finalisation for Payroll</th>
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<tr>
<td>• Ensure there is a process for approval by the manager for payroll transfer.</td>
</tr>
<tr>
<td>• Ensure there is a process to print time sheets for staff viewer and signing at the end of this roster period.</td>
</tr>
<tr>
<td><strong>Responsibility:</strong> Authorised Roster Approver (for payroll transfer)</td>
</tr>
<tr>
<td><strong>Task:</strong> Authorisation and approval for payroll transfer.</td>
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<th>Retrospective Adjustments</th>
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<td>• Ensure process is in place for managing and approving any retrospective payroll adjustments.</td>
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<tr>
<td><strong>Responsibility:</strong> Rosters Creator/Manager</td>
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<tr>
<td><strong>Task:</strong> Entry of retrospective roster adjustments.</td>
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The Rostering Roles and Responsibilities Tool

The Rostering Roles and Responsibilities Tool outlines the assigning of tasks and responsibilities in the rostering process and is intended to provide transparent governance to ensure the needs of patients, staff and the organisation are met. This will also facilitate early troubleshooting of rostering issues and provide visibility of those at a more senior level within the organisation.

Roster Request Management

Delivering health services is the first consideration in making rostering decisions. However, it is expected that roster managers will endeavour to meet individual requests where possible; and that staff are also made aware that patients and service needs are the first consideration in making rostering decisions, meaning requests may not be approved.

Each roster manager will establish a process for a consistent and transparent approach to the management of ad hoc roster requests.

Roster Managers are accountable for a process that includes:

- A standardised process for documentation of the request (for example; template roster, email or Employee Online)
- The time frame in which requests can be made as per the date matrix, and when they can no longer be made so as not to delay the publication of the roster
- The number of requests that can be made within a roster period; default to be four requests per full time staff member and pro rata for part time staff member or as otherwise agreed at a unit level, in a 28 day roster period
- For JMOs on a five term year it is three requests per term. For four term year it is four requests per term.

In reviewing requests the roster manager must consider:

- The ability to meet service delivery demands
- The applicable skill sets required to meet service delivery
- Roster cost minimisation

When more staff request to work or not to work a particular day / shift than is required, the roster manager must consider:

- The reason for the request
- The number of requests that a staff member has made
- The number of requests the staff member has had approved / not approved in the past
- Staffing requirements for service delivery

If roster requests are not approved, then the roster manager must speak to the staff member in the first instance. Reasons for non-approval should be recorded by the roster manager.

Shift swaps

Following publication of the roster, shift swaps are the responsibility of the individual staff members. The staff member wishing to swap a shift must ensure documentation via FWLHD Request for Roster Change form (see appendix C) and must include the following four steps:

1. Identify an appropriate staff member to swap the shift with, based on the skill set of the staff member
2. Obtain agreement from the staff member they wish to swap with
3. Identify if the swap will incur overtime for either party
4. Obtain approval from the roster manager, who will update the roster once approval is granted

Shift swaps are to be submitted at least 24 hours in advance of the commencement of the shift to be swapped and approved during business hours by the roster manager or their delegate.

Following a shift swap request, managers must consider the following factors:
- The classification and skills of the staff members who are requesting to swap a shift
- Shift swaps should not result in under / over rostering of contract hours for staff members or incur any overtime or additional payments for the staff member involved unless under exceptional circumstances
- The length and sequencing of shifts that occur as a result of the shift swap to ensure no award breaches or unsafe work hours for either staff member
- The length of shift being swapped, ensuring no gaps in coverage
- Shift swaps must occur within the same pay period where staff are not pay averaged
- Shift swaps must occur within the same roster cycle where staff are pay averaged

* The shift swap form is attached as Appendix C of this document and can be found on the FWLHD intranet. Please ensure that the disposal of records is complied with as per the State Records: The General Retention and Disposal Authority (GA28)
Management of ADOs

ADO entitlement is calculated by StaffLink. ADOs will be rostered and taken as they fall due and must be rostered according to the relevant award for all staff that are entitled to ADOs. As an exception staff who want to accrue any ADOs must request prior approval to do so. The maximum allowable accrual is as stipulated in the relevant associated Award, generally this is three ADOs.

Roster managers must keep a record of staff members who have requested and been approved to accrue ADOs. Roster managers are required to check ADO balances in StaffLink when preparing the roster for publication. The roster manager will roster ADOs to ensure that maximum accrual is not exceeded for example once three ADOs have accrued with approval, an ADO will be rostered by the manager in the next roster cycle as per service requirements.

ADOs for HM 5 and above are not cumulative and if not taken within the month, are forfeited.

If you are rostered an ADO and subsequently are sick your ADO cannot be changed to reflect sick leave as per the Leave Matters for the NSW Health Service (PD2017_028).

ADOs need to be rostered prior to when the staff member changes from full time to part time, full time to 12 hour shifts or a staff members entitlement from one award to another.

If a staff member requests an ADO on a specific day, or a number of accrued ADOs then the procedure for roster request management must be adhered to.

Junior Medical Officers (JMO) should take their ADOs within their allocated rotation. FWLHD will pay out ADOs accrued within their organisation where they haven’t been able to be taken (as per Medical Officers - Employment Arrangements in the NSW Public Health Service PD2016_059) prior to moving to their next rotation.

Please refer to the Rostering Best Practice ADO Factsheet for further information.
Annual Leave Management

Managers must comply with legislative and Industrial Award obligations in relation to annual leave management, auditing and reporting of annual leave usage. The purpose of annual leave is to give staff members a period of rest and recreation for the year, so that they return to work refreshed and reinvigorated. This purpose cannot be achieved if leave is not taken.

Annual Leave Planning

Roster manager within FWLHD must develop a 12 month annual leave plan for their staff and staff should be made aware of when requests for annual leave must be submitted for consideration. All departments must be leave planning for all their staff three months prior to commencement of the 12 month period. All requests outside of this time period should be reasonably requested with the manager and approval will be pending service requirements. Management of Excessive Annual Leave (EAL) must occur consistently.

Periods of reduced activity are identified periods which may have a reduced service demand e.g. Christmas, New Year and school holidays. It is essential that these periods are managed correctly to ensure congruity between activity and staffing levels. These periods are identified within the Health District as optimum periods for staff to take leave enabling the leave liability to be reduced. Refer to the Leave Matters for the NSW Health Service (PD2017_028) for further information.

75% of annual leave for each staff member must be planned and scheduled in advance over a 12 month period. The remaining 25% of annual leave must be scheduled during the course of the year. This increases flexibility for staff and can reduce cancellation of annual leave scheduled 12 months in advance.

For JMOs each year the Training Network Manager or delegate allocates leave which will be accrued at FWLHD and is dependent on service delivery. Periods around the speciality exams are generally kept free of other leave requests.

Requesting Annual Leave

Staff members must formally request annual leave via the Leave Form and receive approval from their roster manager, prior to planning for or undertaking annual leave. In addition, staff should not make non-refundable bookings prior to leave being formally approved. Failure to obtain formal approval prior to making any annual leave arrangements or non-refundable bookings is at the staff member’s own risk.

Roster managers must endeavour to approve requests for annual leave in a timely manner so that staff can progress their leave plans.

If a request for annual leave is unable to be accommodated open communication between staff and managers is required. Reasons for non-approval must be recorded by the roster manager.

Roster managers must be aware of the annual leave FTE target that is required to be on annual leave in any one roster period and ensure that this is achieved. This must take into consideration variation in periods of activity, in which the annual leave FTE target may be altered to ensure service delivery. Re-balancing the annual leave FTE target must be taken into consideration whereby more staff will need to take leave to lessen the leave liability. Where appropriate, consideration should be given for deployment of staff who do not have excess leave to other areas during low activity / closure periods to allow staff with excessive annual leave to reduce their balance. Negotiation with other roster managers for a broader strategic overview of service requirements may be required.
If a lower FTE target of staff request annual leave than is required for the roster period, then the roster manager should review reports and identify staff members with excessive accrued leave liability. Managers can reasonably direct staff to take annual leave by following the processes outlined in the Leave Matters for the NSW Health Service (PD2017_028). If a greater FTE target of staff request annual leave than is allowable in any one roster period, the roster manager should consider:

- The reason that leave is being requested, e.g. personal circumstances or special event that cannot be rescheduled
- The amount / frequency of requests that a staff member has made previously
- Whether a staff member has had a request for leave not approved previously
- The amount of leave liability that a staff member has (the higher the liability the higher the priority for annual leave)
- The ability to maintain the service.

Approval of Annual Leave

Administrative staff may have responsibility for processing annual leave request forms, however all annual leave forms require approval by the roster manager prior to processing. Staff wishing to make changes to approved planned leave must negotiate this with the roster manager. Requests for one-off annual leave days must be discussed and approved in advance by the roster manager.

Excessive Annual Leave

Industrial Awards and Leave Matters for the NSW Health Service (PD2017_028) provide guidance on the management of annual leave to prevent the accumulation of excessive annual leave. In addition, all Health Services as per the NSW Treasury Circular 16-03 are to make reasonable attempts to reduce their excessive annual leave balances. At present, 30 days or more of annual leave is considered to be excessive and staff should be managed in accordance with the Leave Matters for the NSW Health Service (PD2017_028). Please refer to the FWLHD Intranet page for further information.

Roster managers are accountable for:

- Managing their workforce, including ensuring appropriate numbers of staff members are off on leave at applicable times given activity and service requirements
- Monitoring and supporting the wellbeing of staff by encouraging staff members to utilise accrued leave appropriately
- Monitoring excessive annual leave reports and developing and implementing strategies for individual staff members in order to reduce their accrued leave liability
- Providing feedback and reports to their Senior Manager on the strategies for reducing accrued leave liability
- Ongoing monitoring of all staff members’ accrued leave to minimise future excessive accrued leave liability. Where a full time staff member with excessive annual leave transfers to part time hours, they will be rostered their part time hours plus annual leave up to 76 hours per fortnight until their leave balance is reduced below 30 days.

Any annual leave that a staff member accrues when they are full time is paid out at the full time rate, regardless of the staff members work pattern at the time the leave is taken. For example, a full time staff member reduces their hours to three days per week. Annual leave should be taken on the two days not worked until the staff members excessive annual leave balance is reduced.

Annual leave liability also needs to be considered when staff are promoted to a more senior position.

For further information please see Leave Matters for the NSW Health Service (PD2017_028).
Cash Out of Additional Leave

Eligible staff with accrued additional annual leave (e.g. extra and public holiday leave) may elect to have their leave paid out. For further information including eligibility please see the FWLHD ‘Cashing Out: Accrued Additional Annual Leave.’

Long Service Leave

Long service leave is required to be taken at a mutually arranged time between the employer and the staff member and has no priority over annual leave. For staff members with excessive annual leave, this leave must be taken prior to long service leave being taken.

Provided that the staff member has accrued an entitlement to long service leave, then where the staff member and the relevant manager agree, a minimum period of seven days long service leave may be taken by the staff member. For further information please see Leave Matters for the NSW Health Service (PD2017_028). For periods longer than one month refer to the delegations manual for approval.

Transferring Annual Leave

Roster managers should refer to Leave Matters for the NSW Health Service (PD2017_028) when recruiting new staff to review the recommended leave entitlement that is acceptable to be transferred within the public sector service. Staff members with excessive leave should be directed to take annual leave before commencing with FWLHD.

Leave Without Pay (LWOP)

A written request for LWOP must be made in advance to the roster manager outlining reasons for the request. Applications for LWOP should be considered after review of ADO, TIL and annual leave balances along with organisational demand and any additional costs to the organisation. Clinical and service requirements are first consideration and all requests will be considered on an individual basis. All LWOP will be approved as per the delegations manual.

There is no guarantee that LWOP will be granted. Please refer to Leave Matters for the NSW Health Service (PD2017_028) for further information.

Unpaid sick leave is not LWOP and should be recorded accurately within the rostering system.
Management & Recording of Staff Skills

As part of the roster template development and approval, roster managers must identify the minimum skill set required per shift in order to maintain service delivery. Roster managers where applicable are required to develop and maintain a list of the skills that are essential in order to staff a unit; this may include the requirement for direct supervision of an individual staff member. E.g. triage skills for emergency, security staff, in charge or equivalent for other disciplines.
Roster Template Development

The development of and approval for a roster template, will occur annually as part of budget and service delivery planning and / or as required. For JMOs, this needs to take into consideration the number of PGY1 and PGY2 allocated and in addition, the specialist training terms agreement made by the LHD.

The roster template will include:

- Roster name and cost centre number
- Roster shift type
- Roster hours and length of shift including meal break
- Roster shift location (if applicable)
- Number of staff requirements per shift
- Staff skills requirements to be rostered to e.g. in charge of shift, triage skills for nursing staff or equivalent for other disciplines
- 24 hour rosters are demand based and annual leave FTE target will be incorporated into the demand

The roster template must also take into consideration changes in occupancy rates that occur throughout the year. An altered service delivery template may also be required, e.g. low / high activity periods during Christmas and winter. Senior managers must ensure that the minimum roster requirements are clearly defined in the roster template.

Junior Medical Staff

For JMOs, a roster template includes the differing levels of training matched to the service needs of the area. This is developed by the delegated manager. In addition an annual roster of term allocations is developed by the delegated manager to comply with training needs of JMOs as identified by the specialist college or accrediting body.
**Temporary Individual Roster Arrangements**

Temporary Individual Roster Arrangements (TIRAs) are an agreed rostering arrangement for an individual to work (or not to work) specific hours, specific shifts or specific days. For all staff, the TIRA must be submitted for approval. Arrangements with a duration of two months or less require approval from a roster manager. Arrangements between two and 12 months require approval from the delegated manager. All arrangements must be reviewed annually.

TIRAs are one of the options under the *NSW Public Service Commission’s Flexible Work Practices Policy (G1995_001)* and *Leave Matters for the NSW Health Service (PD2017_028)*. Changes to ordinary working hours to facilitate short term needs should be considered on an individual basis. FWLHD strives to ensure flexible, fair and equitable rosters for all staff however provision for service delivery is the first priority, please see the *NSW Public Service Commission’s Flexible Work Practices Policy (G1995_001)* for information regarding general policy and overview. Consideration must also be given to legislative provisions within respective acts e.g. Anti-Discrimination Act 1977.

Managers must apply this Rostering Policy Compliance Procedure in a fair and equitable process whilst ensuring adequate numbers of skilled staff are available for service delivery. All TIRAs are considered on a case by case basis and require secondary approval in excess of two months. The respective Human Resources Unit can provide advice on appropriate TIRAs.

When reviewing TIRA requests the roster manager must consider:

- The implications on service delivery
- The implications on other staff members
- *NSW Public Service Commission’s Flexible Work Practices Policy (G1995_001)*
- The reasons for the TIRA
- The skills set and competencies of the staff member requesting the TIRA
- If TIRAs are unable to be accommodated then consideration should be given to alternate work arrangements or locations and whether the TIRA could be accommodated in another setting
- Whether the TIRA will impact leave accrual and excess annual leave balances. If so StaffLink needs to be amended accordingly

All arrangements are to be for a maximum of 12 months. The initial trial period should be one roster period and the roster manager must review with the employee every three months thereafter. If circumstances change employees must notify their manager immediately.

All staff wishing to enter one of these arrangements must discuss it with the roster manager in the first instance. If the request is for longer than one roster period, then please refer to the *Leave Matters for the NSW Health Service (PD2017_028)* and the FWLHD intranet page for further information.

Upon receiving approval for the TIRA. All details are to be recorded on the Application for Temporary Individual Roster Arrangement (TIRA) form (Appendix D):

- The details of the TIRA
- The reasons the TIRA is being requested and the strategies the staff member will put in place to resolve this by the end of the agreed TIRA
- The date for revision of the TIRA
- Signature from the staff member, roster manager and the roster approver

The arrangement can be revoked by the staff member or employer with adequate notice of a change in roster, in accordance with the applicable award.
Roster managers will need to manage the review of the TIRA and should keep a log of all staff and review dates due as well as providing a copy to the staff member.

**TIRAs and returning to work on reduced hours following maternity, adoption and parental leave**

Supporting staff members requesting to return to work on reduced hours is allowed and documented in the various awards and [Leave Matters for the NSW Health Service (PD2017_028)](http://example.com) and should be requested on the applicable StaffLink form.

**TIRAs and injury management**

The Health Safety and Insurable Risk Unit will work with the roster manager to determine the appropriate work pattern for a staff member returning to work following a workplace or a non-work related injury.
Roster Vacancy Management

During roster creation, roster managers must ensure that anticipated operational needs are met, including the number and placement of vacant shifts to ensure that skill mix, patient safety and cost effectiveness are addressed. In addition, roster managers should consider shifts that are known to be hard to fill in the context of casual pool availability.

Roster managers are to ensure that hard to fill shifts are rostered to prior to consideration of the use of contingent labour. Hard to fill shifts can vary between units / facilities and over a period of time.

If using casual staff, consideration should be given to the utilisation of temporary contracts when back filling a longer term vacancy, for up to 13 weeks.

The order of vacancy management described below is best practice. It is at the manager’s discretion (with secondary approval, where required) to manage shift vacancies in accordance to clinical and service needs, budget and unit requirements.

Following publication of the roster, ad hoc roster vacancies should be managed as per the relevant industrial award and within the delegations manual in the following order:

Nursing & Midwifery roster vacancies:
1. Review of agreed shifts and activity prior to determining if a replacement is required (Consideration of NHPPD if applicable)
2. Additional hours for part time staff in accordance with the relevant award
3. Deployment of permanent staff from one unit to another
4. Engagement of casual staff
5. Approved reasonable overtime* (if necessary) or approved engagement of agency staff (for specified areas only with DON approval)
6. Service modification with senior manager approval

JMO roster vacancies:
1. Relief roster
2. Part time staff working extra shifts in accordance with the relevant award
3. Full time staff completing approved reasonable (unrostered and rostered) overtime*
4. Approved engagement of locum staff

Allied Health roster vacancies:
1. Approved additional hours for part time staff in accordance with the relevant award
2. Engagement of casual staff (if available)
3. Approved reasonable overtime* from delegated manager
4. Service modification with senior manager approval
5. Approved engagement of locum staff / up to 13 week temporary contract

Admin and Support Staff roster vacancies:
1. Consider service modification with roster manager approval
2. Additional hours for part time staff in accordance with the relevant award
3. Engagement of casual staff
4. Approved reasonable overtime* from delegated manager
5. Approved engagement of locum staff

*There are many factors to consider when determining whether additional hours are reasonable. For further information please refer to Reasonable Overtime on the Fair Work Ombudsman website.
Management of Casual Staff

Prior to engaging a casual staff member the Rostering Policy Compliance Procedure for roster vacancy management must be reviewed in accordance with the relevant industrial awards.

In managing the staffing needs priority should be given to the operational needs of the organisation. Casual staff should be acknowledged as valuable members of the team. Each facility has a delegate for managing casual pool staff and is responsible for managing the recruitment, monitoring of professional registration and mandatory training needs of casual nursing and midwifery staff. Other casual staff are managed by the relevant delegated manager in their respective service or department.

Casual staff should inform the relevant facility / service manager of their shift availability at least two weeks prior to commencement of the roster period. Any changes to a casual staff member’s availability must be notified to the relevant facility or service manager in a timely manner.

Consideration should be given to the block booking of staff for the backfilling of short term vacancies as a temporary contract of less than 13 weeks. Casual Medical staff are not to be rostered greater than 13 weeks at the same facility.

Booking of shifts for casual staff must be done after the publication of a department or unit’s roster. When booking a casual staff member a review of clinical and service needs, patient safety and cost efficiency must be undertaken. This review must include consideration of the casual staff members’ applicable skill sets and locations of work. Industrial award notice must be given when cancelling a casual staff member or a cost will be incurred.

The casual medical pool staff can only be booked by the Medical Workforce Unit. All shifts worked are paid at award rates.

Management of Agency Staff

Utilisation of agency staff is to be minimised. Approval is required as per the delegations manual.

The Medical Workforce Unit are responsible for the engagement of locum agencies and the credentialing of the Locum Medical Officer in accordance with PD 2013_022 Locum Medical Officers – Employment & Management before they work any duties for the LHD.

Vacancies for agency Doctors are to be identified by the delegated manager at each facility. The Roster Manager will notify the Medical Workforce Unit who will circulate to the agencies. Management and maintenance of rosters is the responsibility of the Medical Workforce Unit, including entry of agreed rates.
Overtime & Time in Lieu of Overtime

Wherever possible, the use of premium labour (overtime, agency and casual staff) should be limited in FWLHD. However, it is recognised that situations will arise in which overtime and time in lieu of overtime (TIL) will be necessary. In these situations managers must follow the below approval processes.

Overtime and TIL is only to be considered after all attempts to deploy permanent staff from one unit to another or additional hours for part time staff or utilisation of casual staff have been exhausted. See the Roster Vacancy Management procedure of this document.

All overtime and TIL must be approved prior to it being worked and should be fairly distributed among all staff. In emergent situations, prior approval may not always be possible and should be discussed with the delegated manager as soon as practicable. For all overtime approval delegations refer to FWLHD delegation manual.

The option of taking TIL will not be possible in all settings and circumstances. The accruing and taking of TIL is conditional on the prior mutual agreement of the staff member and manager. Normally TIL will be taken within the pay period in which it occurred, or if this is not possible, within three months via a roster adjustment form. For further information about TIL please refer to Leave Matters for the NSW Health Service (PD2017_028).

The minimum amount of TIL that can be accrued is 30 minutes. The maximum total amount of TIL that can be accrued is one shift of standard length for any employee.

Roster managers are required to document and review TIL balances on a weekly basis in order to monitor and manage TIL balances (see Appendix E for TIL log).

Managers must roster any accrued TIL within three months. Staff requesting to take accrued TIL must seek approval from the manager or delegate who has the appropriate approval authority.

For information relating to time in lieu incurred during travel please refer to the NSW Health Official Travel 2016.

All TIL is subject to the following requirements:

- The accrual of TIL must be approved prior to it being accrued and taken
- Roster managers are responsible for managing and recording TIL balances
- TIL must be taken within three months of it being accrued at ordinary rates
- Where a staff member cannot take the TIL within three months it will be paid out at the overtime rate via the roster adjustment form
- Staff members cannot be forced to take time off in lieu of overtime
- Taking of TIL should not impact on service delivery
- TIL is taken by way of equal time off in lieu of actual overtime hours worked; i.e. one hour off for one hour overtime worked, regardless of penalty rates when the time was accrued
- For TIL to be taken as a full shift this needs to be submitted / requested via a Leave form

Call backs

Employees who are rostered on call are entitled to an allowance at the appropriate award rate. When an employee is called back to work within this time it constitutes a call back as per the appropriate award. At the conclusion of a call-back the employee must verbally check with the formal release approver as per facility / service procedures that there are no patients within the organisation that they might be
called to see within a reasonable time period. When approving a release from call back the Call Back and Release Form in Appendix F is to be utilised.

As per Clause 12 of the Public Hospital Medical Officers Award, Clause 6 of the Barrier Industrial Council Agreement and Clause 9 of the Health Employees’ Conditions of Employment (State) Award, employees who are not formally released, and who are recalled again during the four hour minimum payment period are not entitled to any additional payment until the expiration of the four hour period.

Nursing and Midwifery
As per the Public Health System Nurses’ and Midwives’ (State) Award 2017 clause 5, staff on 12 hour rosters are not permitted to work overtime in conjunction with a 12 hour shift and the minimum break between shifts is 11.5 hours.

Medical
For guidance on the management and administration of unrostered overtime refer to Employment Arrangements for Medical Officers in the NSW Public Health Service PD2015_034. Approval is required by the delegated manager who has the appropriate approval authority.

Make up time
Make up time (MUT) is another option within the NSW Public Service Commission’s Flexible Work Practices Policy (G1995_001) and Leave Matters for the NSW Health Service (PD2017_028).

MUT is an agreement for the staff member to take time off and make the time up. MUT occurs when a staff member and a manager mutually agree to the use of MUT prior to the staff member undertaking approved time off. This would generally be in situations where the staff member does not have TIL balance.

In these instances, if a staff member asks to leave early and make up the time in the roster cycle the roster manager can approve this arrangement up to two hours at any one time. MUT must be taken and made up in the same pay period or within one week, whichever is the greater.

Managers are responsible for managing and monitoring the use of MUT. It is not appropriate that staff work through their meal breaks to make up time.

Use of MUT must not affect service delivery.
Appendices
Appendix A: Roster Election Form (Minimum Break Between shifts)

AGREEMENT REGARDING BREAK BETWEEN SHIFTS / CONSECUTIVE SHIFTS / QUICK SHIFTS:

In accordance with the Public Health System Nurses and Midwives (State) Award 2017, clause 4 (iv) (a):

1. Each shift shall consist of no more than 10 hours on a day shift or 11 hours on a night shift with not less than 10 hours break between each rostered shift, unless agreed otherwise between an employee and local nursing management.

2. An employee shall not work more than 7 consecutive shifts unless the employee so requests and local nursing management agrees but in no case shall an employee be permitted to work more than 10 consecutive shifts.

3. In any fortnightly pay period an employee shall not be rostered for more than three quick shifts, i.e. an evening shift followed by a morning shift, unless agreed between and employee and local nursing management.

Can you please indicate which part of the above parts of Clause 4 (iv) (a) is the subject of this agreement:

4 (iv) (a) 1. □ I agree to a break of less than 10 hours between shifts.

4 (iv) (a) 2. □ I request/agree to working more than 7 consecutive shifts.

4 (iv) (a) 3. □ I agree to working more than three quick shifts during the fortnightly pay period.

□ I decline to the above clauses in the agreement

The above is a voluntary arrangement between the staff member and management.

All staff must provide:
1. 28 days’ notice to Management if this document is to be rescinded/cancelled.
2. Such notice must occur 28 days prior to the publication of the new roster.

<table>
<thead>
<tr>
<th>Employee Name:</th>
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<td>Employee Number:</td>
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<td>Unit:</td>
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<td>Location:</td>
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<td>Signature Of Applicant:</td>
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<td>Date:</td>
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Managers Approval:       
| Date: |       |
# Appendix B: Rostering Process Date Matrix Example

## Managers Information

### Rostering Process Date Matrix

<table>
<thead>
<tr>
<th>ROSTER BUILD</th>
<th>ROSTER CREATION</th>
<th>APPROVED FOR PUBLISHING</th>
<th>ROSTER APPROVAL PERIOD (commences)</th>
<th>ROSTER APPROVAL PERIOD (completes)</th>
<th>ROSTER PUBLICATION (Roster Due for Display for 2 weeks prior to roster)</th>
<th>ROSTER APPROVAL (commences)</th>
<th>ROSTER APPROVAL (completes)</th>
<th>ROSTER MAINTENANCE</th>
<th>FINALISATION FOR PAYROLL</th>
<th>RETROSPECTIVE ADJUSTMENTS</th>
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<td>Wednesday</td>
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Note: All roster changes must be made prior to 1000. Any roster information adjustments will be made from 16.00 to 24.00 and will be processed in the next pay period.
## Appendix C: Employee Request for Roster Change Form

**FWLHD EMPLOYEE REQUEST FOR ROSTER CHANGE**

This form must be completed for all planned roster changes by all employees within FWLHD. Approval must be obtained before changing shifts. Changes to FINAL rosters will only be made in cases of emergency.

<table>
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<th>Date of Request</th>
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<tr>
<th>Staff Member/s Requesting Roster Change</th>
<th>Signature</th>
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<th>Staff Member/s Agreeing to Roster Change</th>
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<th>Details of Required Roster Change</th>
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<th>Reason for Requesting Roster Change</th>
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If the change affects days off, please supply details of preferred change.

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<tr>
<th>Approval:</th>
<th>YES</th>
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Signed:
Appendix D: Application for Temporary Individual Rostering Arrangement

Application for Temporary Individual Rostering Arrangement (TIRA)
If this is an extension to existing arrangements please pay particular attention to the delegations for approval, failure to do so may result in delays in action.

Employee Name: __________________________ (Please print)
Assignment Number: ______________________
Position Number: _________________________
Department: ______________________________
Cost Centre: ______________________________
Substantive (normal)
Position hours: ____________________________ (hrs per week/fortnight/cycle)

TIRA Request
Reason for request:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Details of TIRA:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Type of TIRA: For example, reduced hours, modified hours, modified shifts, normal hours over less days or as specified under the NSW Public Service Commission’s Flexible Work Practices Policy G1995 001 and PO2017_028 Leave Matters for the NSW Health Service.

Plan to resolve the issue and return to full ordinary working hour’s
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Date Commencing: _____________ Date Finishing: _____________

Will the TIRA impact leave accrual? YES ☐ NO (circle) (if yes, StaffLink needs to be amended)

Employee Signature: ______________________ Date: _____________

Temporary Individual Rostering Arrangement (TIRA) APPLICATION

Approval as per Procedure and Delegations

Approved / Supported by Manager: YES / NO (circle)

Delegation level ___________ Review Date: _____________

Comment: ____________________________________________

Print Name: __________________ Signature: _____________ Date: _____________

Approved / Supported by Senior Manager: YES / NO (circle)

Delegation level ___________ Review Date: _____________

Comment: ____________________________________________

Print name: ________________ Signature: _____________ Date: _____________

Not Approved ☐

Reason for not approving:

____________________________________________________
____________________________________________________
____________________________________________________

Manager not approving: ____________________________

Date: ___________/_________/___________

☐ Copy to Manager
☐ Copy to applicant
☐ Copy to Far West LHD Human Resources Unit at FWLHD-payroll@health.nsw.gov.au
Appendix E: Request and Record for Time in Lieu of Overtime

- Please ensure you discuss the reason and gain approval for accruing TIL from your manager before the extra time is worked and approval is sought prior to taking TIL.
- The minimum amount of TIL that can be accrued is 30 minutes. The maximum total amount of TIL that can be accrued is one shift of standard length for any employee.
- The accruing and taking of TIL is conditional on the prior mutual agreement of the staff member and manager. Normally TIL will be taken within the pay period in which it occurred, or if this is not possible, within three months via a roster adjustment form. For further information about TIL please refer to [Leave Matters for the NSW Health Service (PD2014_029)](#).

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<thead>
<tr>
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<th>Department:</th>
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<tbody>
<tr>
<td>Given Name(s):</td>
<td>Position Title:</td>
<td>Location/Facility:</td>
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### Record of Approved Accrued TIL

<table>
<thead>
<tr>
<th>Date TIL Worked</th>
<th>TIL Worked (start/finish)</th>
<th>Reason for extra hours worked</th>
<th>Employee Signature</th>
<th>Department Manager Signature</th>
<th>Date Taken</th>
<th>Time/Hours Taken (start/finish)</th>
<th>Department Manager Signature</th>
<th>Balance Owing</th>
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### Approval of TIL Taken

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<th>Department:</th>
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<tr>
<td>Given Name(s):</td>
<td>Position Title:</td>
<td>Location/Facility:</td>
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### Appendix F: FWLHD Call Back and Release Form

**CALL BACK AND RELEASE FORM**

<table>
<thead>
<tr>
<th>Date</th>
<th>Assignment No.</th>
<th>Employee</th>
<th>Called by</th>
<th>Modality</th>
<th>MRN</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total</th>
<th>Released by</th>
<th>Released by Signature</th>
<th>KLMS</th>
<th>Engine Size</th>
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References


