# ACT GovernmentExecutive Action Request

***Guidelines:***

1. This form is completed to request Head of Service approval for Executive contract actions.
2. The form should be completed electronically in MS Word and emailed to [Shared Services HR, Executive Contracts](mailto:SSHRExecutiveContracts@act.gov.au) for processing along with Director-General approval (Deputy Director-General approval where these arrangements are authorised within the directorate).
   1. Director-General approval is necessary for Band 3 Deputy Director-General equivalent executive positions. The Deputy Director-General is able to approve executive actions for Band 1 and Band 2 positions.
3. The total engagement in a long term contract must not exceed five years (PSM Standards).
4. The total engagement in a short term contract must not exceed two years (PSM Standards).
5. Requests should be provided to Shared Services to arrange Head of Service approval at least **two weeks** prior to commencement to allow sufficient time for processing. Urgent requests less than this period can be considered on a case by case basis.
6. Executive contracts should be for a minimum of four weeks, however requests for a period less than four weeks will be considered based on the justification provided as part of the EAR form, on a case-by-case basis.
7. Generally, periods shorter than 4 weeks should be performed as unpaid development opportunities with the functions exercised through an instrument of delegation.
8. Executive vacancies less than nine months, should be advertised via an expression of interest.
9. Executive vacancies over nine months, must be advertised on the Jobs website and the gazette to meet the requirements under the Public Sector Management Act 1994, and may be advertised in other ways, including press and through a recruitment firm.
10. Consultation with Head of Service is essential to discuss the creation of new executive positions prior to submitting this request.
11. A Mercer assessment is required for new executive positions and existing positions that have not previously been assessed by Mercer for a period of time.
12. Shared Services is responsible for ensuring the request meets the ACTPS legislative requirements as well as preparation and disbursement of documentation to the executive.

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| Request Details | | | | | | | |
| Directorate/Agency | Select Directorate/Agency | | | | | | |
| Division | Enter Division | | | | | | |
| Position Title | Enter Position Title | | | | | | |
| Position Number | Enter PN | | | | | | |
| Classification | Select Level | | | *Please see translation table 130 of the PSM Standards 2016* | | | |
| Establishment Action (if applicable) | (Please Select) Enter Cost Code | | | | | | |
| Position Reports to (attach organisation chart) | Enter PN | | | | | | |
| Multiple Actions? | Yes/No | | | | | | |
| Action 1 | Select Reason for Request | | | | | | |
| Action 2 (if applicable) | Select Reason for Request | | | | | | |
| Action 3 (if applicable) | Select Reason for Request | | | | | | |
| Position Occupancy | Nominal/Long term occupant | Enter nominal occupant | | | Actual occupant | | Enter actual occupant |
| Status | Select Status | | | | | | |
| Does the person have an existing executive contract? | Yes/No | | If yes, in what position | | | Enter Position Number | |

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| Does ICT Access need to be arranged? | Yes/No | | | | | | |
| Business Reason  *Provide supporting information to assist the Head of Service. Attach additional information or evidence if needed.*  *Please note, for short term contracts, include information on where the Long Term occupant (if applicable) will be during the period.* | Enter Reason | | | | | | |
| Is this executive action backfilling leave or other arrangements? If so, please provide details | Yes/No | Provide details | | | | | |
| Legislative Compliance Check for Contract Requests | **Merit selection process completed**  Engagements exceeding nine months (mandatory full selection process). Please specify date: Enter Date  Engagements less than nine months (EOI selection process) date: Enter Date  **Short Term Contract (PSM Standards)**  Total engagement in this position does not exceed two years  **Long Term Contract (PSM Standards)**  Total engagement in this position does not exceed five years | | | | | | |
| Ministerial Appointment? | Yes/No | | | | | | |
| Directorate Contact | Enter Name | | | | Enter Phone No | | |
| Contract Executive Details | | | | | | | |
| Term of Contract | From: Select Start Date To: Select End Date | | | | | | |
| Full-time/Part-time | Choose an item. | | | If part-time, please specify the hours | | | Enter hours per week |
| Title | Select Title | | | | | | |
| Family Name | Enter Family Name | | | | | | |
| Given Name(s) | Enter Given Name | | | | | | |
| Date of Birth | Enter Date of Birth | | | | | | |
| AGS Number (if known) | Enter AGS Number (if known) | | | | | | |
| Phone | Enter Phone No | | | | | | |
| Email | Enter Email Address | | | | | | |
| Nominal/permanent role | Enter the position number of the person’s nominal or permanent role | | | Executive level (if applicable): Select Level  Other level (if applicable): Enter level | | | |
| Superannuation Scheme | Select Superannuation Scheme | | | | | | |
| If this engagement is a result of an external recruitment process, would you like Shared Services to send unsuccessful notification? | Choose an item. | | | | | | |
| Enter any special conditions that form part of this contract and attach evidence of approval | Enter any special conditions that form part of this contract | | | | | | |
| Advertising Details (if applicable) | | | | | | | |
| Vacancy period | Select placement period or type your own option. | | | | | | |
| Vacancy period for Short Term Contracts if known | From: Select Start Date To: Select End Date | | | | | | |
| How will the vacancy be advertised | Select Advertising | | | If EOI, which distribution list? | | Select distribution list | |
| Press Required | Enter Press Requirements if Applicable | | | | | | |
| Further Advertising Instructions | Enter Special Instructions if Applicable | | | | | | |
| Closing Date | Select Closing Date | | | | | | |
| Full-time/Part-time (including hours) | Enter Hours Per Week | | | | | | |
| Contact Officer | Enter Name | | | | | | |
| Contact Officer Phone | Enter Phone No | | | | | | |
| Contact Officer Email | Enter Email Address | | | | | | |
| Wording for Advertisement: | Type or paste advertising wording here | | | | | | |
| Do you intend on using an Executive Search Firm? | Yes/No | | | If yes, which organisation | | | Enter name of organisation |
| Director-General / Deputy Director-General Details | | | | | | | |
| Name | Enter Name | | | | | | |
| Date | Select Date | | Approved by email (copy attached) | | | | |
| Shared Services Use Only | | | | | | | |
| Original Contract Start Date  (for extensions only) | Select Start Date | | | | | | |
| Advertisement | attach advertisement | | | | | | |
| Complies with Legislative requirements and guidelines | Please Select | | | | | | |
| Comments | Enter Comments | | | | | | |
| Head of Service Decision | | | | | | | |
| This request is  approved  modified and approved  not approved  Reason if modified/not approved:  Name: Date: | | | | | | | |

## Document requirements

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| **Action Type** | **Document Requirements** |
| Executive Advertising request | * Executive Action request with supporting information * Director-General/Deputy Director-General or equivalent approval (email approval is acceptable) * Sufficient and detailed information should be included in the request so that it can be reviewed by the Head of Service * Organisational Chart * Position Description * Proposed advertisement wording |
| Job sizing request (new or existing position) | * Executive Action request with supporting information * Director-General/Deputy Director-General or equivalent approval (email approval is acceptable) * Organisational Chart * Position Description * Confirmation as to whether consultation with Head of Service has occurred for new/additional executive roles * Position structure including cost code and reporting line |
| Short Term Contracts request  (up to two years) | * Executive Action request with supporting information * Director-General/Deputy Director-General or equivalent approval (email approval is acceptable) * Evidence to support the selection process i.e.   + a selection report     - List of applicants     - Comparative Assessment     - Individual Assessment   + email from the panel outlining the assessment method * Organisational chart |
| Long Term Contracts request  (up to five years) | * Executive Action request with supporting information * Director-General/Deputy Director-General or equivalent approval (email approval is acceptable) * Approved selection report * Comparative Assessment * Individual Assessments * List of applicants * Referee reports   **NB**: no organisational chart needed if organisational chart is current and was provided as part of the EAR to advertise |
| Re-engagement request | * Executive Action request with supporting information * Director-General/Deputy Director-General or equivalent approval (email approval is acceptable) * Re-engagement appraisal discussion and associated documentation * Organisational chart * Initial advertisement |