

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Strategic Improvement Programs
AUTHOR	Roster Support Coordinator
KEY TERMS	HealthRoster, Payroll, Rosters
FUNCTIONAL GROUP OR HUB	District Wide
NSQHS STANDARD	Standard One
SUMMARY	The capacity to finalise rosters for payroll (profile of Roster Manager) can only be applied to staff that are at a level of 500 or above unless a formal application is received and approved using this procedure.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Applications must be made by a Roster Manager for a delegate that requires a profile outside their current delegation in the following circumstances:

- i) If a staff member regularly acts as a “second in charge’ (2IC) or in a “team/service lead” capacity and is required to finalise rosters for payroll.
- ii) Where a senior executive (Tiers 1, 2 or 3) requires their Personal Assistant/Executive Assistant (PA/EA) to act on their behalf.
- iii) The Junior Medical Officer (JMO) Unit staff who are responsible for finalising the rosters of JMO staff.

2. BACKGROUND

At times roster managers require other staff to finalise HealthRoster on their behalf due to the nature of their role, the roster management arrangements or to cover periods of absence. A formal application is required in these instances and must be approved in accordance with this procedure.

3. RESPONSIBILITIES

3.1 Employees will:

- Ensure they complete and submit a time and attendance records that accurately reflect their work pattern including where applicable overtime and allowances.

3.2 Administrative Support will:

- Update HealthRoster during the maintenance period to reflect hours worked, apply non-productive periods, allowances and overtime worked.

3.3 Employees with Approved Special Delegation will:

- Only exercise their capacity to finalise rosters when they are acting formally in the role of their manager (2IC/Team Leader); as part of their role and duties (JMO Unit), in support of their manager’s delegation (PA/EA); or under extenuating circumstances (for example during a period of unplanned leave and no other suitable manager is available to finalise roster for payroll). When finalisation of rosters is performed by staff within the JMO Unit or by PA/EAs, time and attendance records must continue to be authorised by the delegated officer to support the finalisation of rosters in HealthRoster.

3.4 Roster Managers (NUMs, Service or Business Managers) will:

- Identify a suitable number of senior staff to act in the 2IC capacity to work in their role during periods of planned and unplanned leave.
- Identify suitable senior staff to act as Team Leaders whose role includes staff rostering, maintenance and finalisation.

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- Maintain documentation at a local level of all approved requests
- Ensure all manual processes comply with audit requirements
- Ensure access is removed when staff are no longer required to finalise the rosters for which special approval was obtained.

3.5 Supporting Officers (Tier 4 and above) will:

- Review all applications for profile delegation that fall outside the delegations manual.
- If request is supported, sign and forward to Approving Officer
- Email a copy of the completed form, once received back from the approving officer, to the staff members' front line manager to be kept at a local level.
- Ensure all manual processes comply with audit requirements.

3.6 Approving Officers (Tiers 1, 2 and 3) will:

- Review all applications for profile delegation that fall outside the delegations manual
- If all conditions met under requirements of this procedure, ensure the form is approved and return to 'Supporting Officer' once registered in HP Content Manager.

3.7 Local Roster Administration (LRA) Officers will:

- Review all applications for 'Special Delegation' and ensure they are completed with appropriate approval as per the ISLHD Delegations Manual.
- Conduct six monthly audits/review of all profile allocations approved for staff outside their financial delegation, to ensure appropriate and regular use and access to HealthRoster.

4. REPORTING PROCEDURE

Six monthly audits conducted by LRA team to be made available to Internal Audit. Audit results to be provided to the relevant senior manager for follow up of repeat performance issues identified.

5. DOCUMENTATION

ISLHD HealthRoster User Access Application

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8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval / Date
March 2017	0	Roster Support Coordinator Executive Director Strategic Improvement Programs
September 2017	1	Roster Support Coordinator Executive Director Strategic Improvement Programs
September 2019	2	Roster Support Coordinator Manager Workforce Operations
March 2020	3	Author : Roster Support Coordinator Approver: Executive Director Strategic Improvement Programs

9. APPENDIX 1 -

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