

ON CALL AND STANDBY ALLOWANCE PAYMENT CLAIM FORM

PLEASE COMPLETE AND FORWARD TO:

Human Resources Branch, Division of University Operations

This form is to be used by professional staff below HEO8 level to claim payment for on-call and standby allowance. This form does not apply to professional staff covered by the ITS On Call Agreement.

The on-call and standby allowances for staff below HEO8 are based on the base hourly rate for an HEO4/1.

Monday to Friday 7.5% of HEO4 hourly rate for each hour

Saturday to Sunday 10% of HEO4 hourly rate for each hour

Public Holidays 15% of HEO4 hourly rate for each hour

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: _____ School/Branch: _____ Work phone: _____

Title: _____ Family name: _____ Given names (in full): _____

PAY PERIOD

Start Date: .Click or tap to enter a date.

End Date: Click or tap to enter a date.

AN INDIVIDUAL CLAIM FORM IS REQUIRED FOR EACH PAY PERIOD

DETAILS OF HOURS WORKED

DESCRIPTION	NUMBER OF HOURS ON CALL	RATE PAYABLE	HR USE ONLY
Weekday hours on call		\$2.71 per hour	
Saturday/Sunday hours on call		\$3.61 per hour	
Public Holiday hours on call		\$5.42 per hour	

AUTHORISATION (ALL SIGNATURES REQUIRED)

Staff Member

Signature: _____ Date: _____

Supervisor

☐ Confirmation of hours worked.

Name (please print): _____

Signature: _____ Date: _____

Head of School/Branch

Name (please print): _____

Signature: _____ Date: _____

Remuneration and Benefits Handbook	On Call & Standby Allowance Claim Form	Effective Date:	2 July 2022	Version 1.8
Authorised by	Director, Human Resources	Review Date:	26 August 2024	Page 1 of 1
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