

ON CALL AND STANDBY ALLOWANCE PAYMENT CLAIM FORM

PLEASE COMPLETE AND FORWARD TO:
Human Resources Branch, Division of Services and Resources

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: End 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		\$2.46 per hour	
Saturday/Sunday hours on call		\$3.28 per hour	
Public Holiday hours on call		\$4.92 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: