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

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>NUMBER OF HOURS ON CALL</th>
<th>RATE PAYABLE</th>
<th>HR USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday hours on call</td>
<td></td>
<td>$2.46 per hour</td>
<td></td>
</tr>
<tr>
<td>Saturday/Sunday hours on call</td>
<td></td>
<td>$3.28 per hour</td>
<td></td>
</tr>
<tr>
<td>Public Holiday hours on call</td>
<td></td>
<td>$4.92 per hour</td>
<td></td>
</tr>
</tbody>
</table>

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: .....................