

HIGHER DUTIES ALLOWANCE REQUEST FORM

This form is to be used to request a higher duties allowance for professional staff.

Complete and forward a scanned copy of the form and attachments to the [Human Resources Service Centre](#) for processing.

STAFF MEMBER DETAILS

Staff ID: School/Branch: Work phone:

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

Current classification: HEO Step Position no:

Full-time Part-time.....hours (per week)

HIGHER DUTIES DETAILS

Name of person being replaced if applicable (*please print*): Position Title: Position no:*

Level and hours of higher duties to be paid : HEO Step

Full-time Part-time.....hours (per week)

Note: Higher Duties Allowance will be pro-rated for part time hours

Should the staff member be placed in the position of higher duties (to enable approvals through SSO, etc)?

Yes No - please specify details of partial duties of the position

Note: If the staff member is filling a position (including a vacant position) please ensure that the position number is included above*. This will ensure that the staff member has the appropriate delegation of authority in place.

Period of higher duties from: to:

Comment
.....

RECOMMENDATION

Supervisor

Name: Signature: Date:

AUTHORISATION

Head of School/Branch

Name: Signature: Date:

Supported Not Supported

If not supported state reason.....

Remuneration and Benefits Handbook	Loadings, Allowances and Performance Bonus Procedure	Effective Date:	5 February 2016	Version 1.0
Authorised by	Chief Operating Officer and Vice-President (Services and Resources)	Review Date:	5 February 2019	Page 9 of 9
Warning	This process is uncontrolled when printed. The current version of this document is available on the HR Website.			