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| **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**.

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| 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 |

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: School/Branch: .......................................................................................... Work phone: ........................  Title: ...................... Family name: ......................................................... Given names *(in full):* ................................................................... |

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| **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** |

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| **DESCRIPTION** | **NUMBER OF HOURS ON CALL** | **HR USE ONLY** |
| Weekday hours on call |  |  |
| Saturday/Sunday hours on call |  |  |
| Public Holiday hours on call |  |  |

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| **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: ....................................... |

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| **Remuneration and Benefits Handbook** | **On Call & Standby Allowance Claim Form** | **Effective Date:** | **14/01/2025** | **Version 1.9** |
| **Authorised by** | **Director, Human Resources** | **Review Date:** | **31 December 2027** | **Page 1 of 1** |
| **Warning** | **Hard copies of this document are considered uncontrolled. Please refer to the Human Resources website for the latest version** | | | |