

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		\$2.60 per hour	
Saturday/Sunday hours on call		\$3.47 per hour	
Public Holiday hours on call		\$5.20 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: _____