**Remuneration and Benefits Handbook**

**Appendix B (Page 1 of 1)**

**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.**

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| **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……...................................................................................................................................................... |

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| **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** |
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