

HIGHER DUTIES ALLOWANCE (PROFESSIONAL STAFF)

SUPERVISOR TO COMPLETE:

To cover absences, restructuring, transfers, and other staff movements, it is sometimes necessary for a staff member to perform all or part of the duties of a higher graded position for a specified fixed period and to be paid a relieving or higher duties allowance which reflects the increase in work value being undertaken.

Details of Staff Member receiving allowance:

Family Name: _____ Other Names: _____

Employee Number: _____ Current Level: _____ Step: _____

Faculty/Office: _____ Budget Unit: _ _ _ _

Details of Higher Duties Allowance to be paid:

Position No. _____ Title: _____

Reason for payment:

Current incumbent: _____ Level: _____

is on leave/absent from ___/___/___ to: ___/___/___

Restructure

Position Description or additional substantiation attached

Recommended Allowance:

Level: _____ Step: _____ Proficiency (if HDA): _____ % Hours per week: _____

Account Code: _ _ _ _ _ Payable effective from: ___/___/___ to: ___/___/___

(Maximum 12 months in the first instance; new recommendation required if allowance is to continue.)

Recommended and staff member has been advised of the duties to be performed and the rate of allowance

Supervisor Signature: _____ Date: ___/___/___

Staff member Signature: _____ Date: ___/___/___

Approved: _____ Date: ___/___/___

Head of Department/Head of Office

HR USE ONLY:

Processed/entered: _____ (inits) ___/___/___ Checked: _____ (inits) ___/___/___