



SUPERVISOR TO COMPLETE:

To cover absences, 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: _____

Div/Dept/Office: _____ Budget Unit: M _____

DETAILS OF RELIEVING / HDA ALLOWANCE TO BE PAID

Position No. _____ Title: _____

Reason for payment:

Current incumbent: _____ Level: _____ is on leave/absent from
 ____/____/____ to: ____/____/____

Other: _____

Job description 5.05b attached (if different from approved description for the position).

Additional substantiation attached.

Recommended Allowance: Relieving HDA in another position

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

Account Code (if different to substantive appointment): _____ / _____ / _____

Payable effective from ____/____/____ to: ____/____/____

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

Increment due (if allowance continues) ____/____/____

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

 Supervisor Date: ____/____/____

Recommendation sighted: _____ Date: ____/____/____
 Staff member

Approved:

 Head of Division/Office Date: ____/____/____

HR USE ONLY

Processed: _____ (inits) ____/____/____ Checked: _____ (inits) ____/____/____