



HIGHER DUTIES / RELIEVING ALLOWANCE FORM

The allowance is payable for periods of at least five (5) consecutive working days.

1. STAFF MEMBER DETAILS

Name Staff Number
Organisational Unit
Faculty/Division
Higher Duties/Relieving Date from: Date to:

2. REQUEST

NEW REQUEST or EXTENSION with changes (complete all sections) EXTENSION (no changes to existing arrangements) Go to 4. APPROVAL

3. POSITION DETAILS

Reason for Payment of Allowance

Higher Duties Relieving Allowance

State Reason for Higher Duties or Reason for Absence and Name of Person Being Relieved

Relieving In Position Title

Acting HEW/Teacher Level and Step

Percentage of higher level duties in accordance with the Schedule of Operational Sub-Delegations (Clause 2.3.5)

Employment Status

Full-time Part-time (Insert hours)

Week 1	M	T	W	T	F
Week 2	M	T	W	T	F

Cost Collector

Additional Comments

4. APPROVAL

Name Contact Number
Title
Signature Date

Please forward approved forms to your HR Client Services Adviser

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