**HUMAN RESOURCES**

**HIGHER DUTIES ALLOWANCE *(General/Professional staff only)***

Eligibility to a HDA requires a minimum of 5 working days in the role.

School/Admin dept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1 – PERSONAL DETAILS**

Employee number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substantive position number \_\_\_\_\_\_\_\_\_\_\_\_

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 - HDA POSITION DETAILS**

Position number \_\_\_\_\_\_\_\_\_\_\_\_ Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_ Step \_\_\_\_\_\_

|  |  |
| --- | --- |
| HDA start date \_\_\_\_\_\_\_\_\_\_\_\_ *(dd/mm/yy)* HDA finish date \_\_\_\_\_\_\_\_\_\_\_\_ *(dd/mm/yy)* | FTE while acting \_\_\_\_\_\_ |
| Percentage of HDA duties to be undertaken by employee \_\_\_\_\_\_ % \*\* |  |
| \*\* HDA will only be paid at < 100% when duties and responsibilities are shared between two or more staff OR it is determined not all HDA duties are to be undertaken. | |

If working part-time in HDA, will employee continue to work in substantive position? [ ] Yes [ ] No

***PLEASE NOTE****: All non-superannuated allowances will cease for the period of the HDA.*

Is this person participating in Purchased Leave/Deferred Salary Scheme? [ ] Yes [ ] No

|  |  |
| --- | --- |
| Reason for HDA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 3 - ACCOUNTS TO BE CHARGED**

|  |  |  |  |
| --- | --- | --- | --- |
| Business  Unit \_\_\_\_\_\_\_\_\_\_ | Project/  grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account \_\_\_\_\_\_ | % \_\_\_\_\_\_\_\_\_\_ |
| Business  Unit \_\_\_\_\_\_\_\_\_\_ | Project/  grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account \_\_\_\_\_\_ | % \_\_\_\_\_\_\_\_\_\_ |

**SECTION 4 - APPROVAL**

|  |  |
| --- | --- |
| Name *(please print)* | Signature of Approved Delegate *(See HR Delegations)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *In approving this payment I confirm that I am an Approved Delegate and funds are available.* |
| Date *(dd/mm/yy)* |  |
| \_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |
| --- |
| **HUMAN RESOURCES USE ONLY** |
| Proficiency % \_\_\_\_\_\_\_\_\_\_ |