

## Higher Duties Allowance or Acting Appointment

A higher duties allowance or acting appointment is payable for a minimum of five (5) consecutive working days and normally a maximum of 12 months. An employee who does not perform all of the duties of a higher level position may be paid at a lower level or alternatively, at a percentage of the salary of the position. For further information, please refer to the CSCS Enterprise Agreement.

Employee Details															
Name			Sta	Staff Number					Campus						
Appoint	ment Co	onditio	ns												
Higher Duties Allowance Acting Appointment															
New Extension							New Extension								
A higher duties allowance may be used in the follocircumstances:  a) To undertake additional duties with respons at a higher level than the employee's ordinab) Pending structual change					nsibilitie	circumstances: sibilities a) The absence of the incumbent of a posi						a positio	on on of an		
Start Date End Date					Lev	Level and step to be paid GL A					ccount for Appointment				
Is the entire salary or just the allowance to be charged to the above GL account?   Entire Salary Allowance  Will the employee undertake these duties concurrently with their substantive role?   Yes No  If the staff member will not be performing the full range of duties of the position, they will only receive payment for a percentage of the nominated level and step. Please specify the percentage of duties they will undertake -  For part time staff, this does not refer to their fraction or alter their total working hours. If they are changing their total working hours, please complete the <i>Change of Fraction</i> section below.															
If Acting Appointment															
Name of	Employ	ee Beir	ng Repla	ced			S	taff	Number			I	Position	Number	
Acting Position Title  Position description attached if:  - Appointment exceeds one (1) month - Paid at a lower level or only part duties are performed															
If the above position supervises staff, the employee acting in the role will have the same Web Kiosk functionality as the supervisor including approving leave and viewing the team details. Should you prefer someone else to approve Web Kiosk transactions, this needs to be managed within the section (refer to the HR Service Centre for assistance).															
Change of Fraction (if applicable)															
New Fraction % Please specify roster, in hours, for the fortnight commencing the Friday immediately following pay day.															
	Fri	Sat	Sun	Mon	Tues	Wed	Thur		Fri	Sat	Sun	Mon	Tues	Wed	Thur
Hours															

Reason							
Please provide the reason for this appointment. For example: - replacing a person on leave or what additional duties will be undertaken - how the role is shared with another staff member - whether the employee's overall fraction is increasing and they are performing two roles (please provide percentage or hours worked per day in each position in this situation)							
Authorisation							
Recommendation							
As the supervisor, I acknowledge it is my responsibility to advise the HR Service Centre if this higher duties allowance/acting appointment is to cease at an earlier date for any reason and in particular where:  - A person is appointed by CSCS to the vacant position  - The substantive incumbent returns to work on a date earlier than the expected end of the authorised leave of absence.							
Supervisor							
·	Name	Signature	Date				
	varding to the employee for a obtain the necessary authoric						
Approval							
General Manager	Name	Signature	 Date				
		O.g. www.	24.0				
Acceptance							
7.000 pts00							
I accept this formal varia	tion of my substantive appointn	nent on the conditions set out on	this form and understand:				
- At the conclusion of this period I will return to my substantive position and fraction;							
<ul> <li>I will return to my substantive position at an earlier date where:</li> <li>A person is appointed by CSCS to the vacant position</li> <li>The substantive incumbent returns to work on a date earlier than the expected end of the authorised leave of absence;</li> </ul>							
- All other terms and cond	ditions of my employment are unch	nanged.					
Employee							
	Name	Signature	Date				

Last reviewed: September 2016 Asset # 700981