

ON CALL AND STANDBY ALLOWANCE PAYMENT CLAIM FORM

PLEASE COMPLETE AND FORWARD TO:

Human Resources Branch, Division of Services and Resources

This form is to be used by professional staff below HEO8 level to claim payment for on-call and standby allowance. This form does not apply to professional staff covered by the ITS On Call Agreement.

The on-call and standby allowances for staff below HEO8 are based on the base hourly rate for an HEO4/1.

Monday to Friday 7.5% of HEO4 hourly rate for each hour

Saturday to Sunday 10% of HEO4 hourly rate for each hour

Public Holidays 15% of HEO4 hourly rate for each hour

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: _____ School/Branch: _____ Work phone: _____

Title: _____ Family name: _____ Given names (in full): _____

PAY PERIOD

Start Date: _____ End Date: _____

AN INDIVIDUAL CLAIM FORM IS REQUIRED FOR EACH PAY PERIOD

DETAILS OF HOURS WORKED

DESCRIPTION	NUMBER OF HOURS ON CALL	RATE PAYABLE	HR USE ONLY
Weekday hours on call		\$2.42 per hour	
Saturday/Sunday hours on call		\$3.23 per hour	
Public Holiday hours on call		\$4.85 per hour	

AUTHORISATION (ALL SIGNATURES REQUIRED)**Staff Member**

Signature: _____ Date: _____

Supervisor

☐ Confirmation of hours worked.

Name (please print): _____

Signature: _____ Date: _____

Head of School/Branch

Name (please print): _____

Signature: _____ Date: _____