

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 D | etai | ls | | | | | | | | | | | | | |
|--|------|----------|----------|------------|---|---------------|-----------|------|----------|--|-----------------|-----------|----------|--------|------|
| Name | lame | | | Sta | Staff Number | | | | Ca | Campus | | | | | |
| | | | | | | | | | | | | | | | |
| Appointmen | Co | onditior | າຣ | | | | | | | | | | | | |
| Higher Duties Allowance | | | | | | Acting App | | | | ppointr | intment | | | | |
| New Extension | | | | | | New Extension | | | | | | | | | |
| A higher duties allowance may be used in the foll circumstances: a) To undertake additional duties with response at a higher level than the employee's ordinates b) Pending structual change | | | | nsibilitie | circumstances: sibilities a) The absence of the ary work leave or secondme b) Pending recruitmer | | | | | nay be used in the following e incumbent of a position on ent ent after the resignation of an newly established position | | | | | |
| Start Date | | | End D | ate | | Le | vel and s | step | to be pa | id | GL Acco | unt for A | Appointm | nent | |
| | | | | | | | | | | | | | | | |
| Is the entire salary or just the allowance to be charged to the above GL account? Will the employee undertake these duties concurrently with their substantive role? 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 Change of Fraction section below. | | | | | | | | | | | | | | | |
| If Acting App | | | <u> </u> | | | | | | <u> </u> | | | | Desition | Numero | |
| Name of Employee Being Replaced | | | | | | Staff Number | | | | | Position Number | | | | |
| Acting Position Title Position description attached if: - Appointment exceeds one (1) month - Paid at a lower level or only part duties are perform | | | | | | | rformed | | | | | | | | |
| 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. | | | | | | | | | | | | | | | |
| F | i | Sat | Sun | Mon | Tues | Wed | Thur | | Fri | Sat | Sun | Mon | Tues | Wed | Thur |
| Hours | | | | | | | | | | | | | | | |

| Reason | | | |
|---|--|--|------------------------------|
| • | r this appointment. For example | | |
| | ave or what additional duties wil | ll be undertaken | |
| how the role is shared wi whether the employee's | | d they are performing two roles (plea | ase provide percentage or |
| | each position in this situation) | | abe provide percentage of |
| | | | |
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| Authorisation | | | |
| Recommendation | | | |
| | | vise the HR Service Centre if this his | gher duties allowance/acting |
| | earlier date for any reason and | d in particular where: | |
| | CSCS to the vacant position | rlier than the expected end of the au | Ithorised leave of absence |
| | | mer man me expected end of the at | |
| Supervisor | | | |
| | Name | Signature | Date |
| please ob | rding to the employee for a stain the necessary authori | | |
| Approval | | | |
| General Manager | | | |
| | Name | Signature | Date |
| | | | |
| | | | |
| Acceptance | | | |
| Acceptance | | | |
| l accept this formal variatio | n of my substantive appointr | nent on the conditions set out on | this form and understand: |
| | and and the still and the second and a standard | | |
| - At the conclusion of this pe | eriod I will return to my substant | tive position and fraction; | |
| - I will return to my substant | ive position at an earlier date w | here: | |
| - A person is appointed | by CSCS to the vacant position | | |
| - The substantive incum | bent returns to work on a date e | earlier than the expected end of the | authorised leave of absence; |
| - All other terms and condition | ons of my employment are unch | handed | |
| | ons of my employment are unc | langeu. | |
| Employee | | | |
| | Name | Signature | Date |
| | | - | |
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| ast reviewed: September 2016 | | | Asset # 70098 |
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