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## Form - Employee - Higher Duties Allowance

### Employee Details

First Name

Surname

Current Position

### Higher Duties Position To Be Acted In

Title

Start Date

End Date

Reason

- Leave replacement
- Following resignation
- Additional responsibilities
- New and temporary role (please provide Position Description)
- Other (please provide detail below)

Rate Of Pay      \$ \_\_\_\_\_ (per hour, exclusive of superannuation)

### Accepted By Employee

Name

Signature

Date

### Approved By CEO

Name                      Jenelle Henry

Signature

Date