

# RELIEVING APPOINTMENT / ADDITIONAL DUTIES

**UTS:HUMAN RESOURCES**

Refer to “Relieving Appointments – Principles and Procedures” available from the following website:- [http://www.hru.uts.edu.au/manual/3rec\\_sel/recruit.html#3.14](http://www.hru.uts.edu.au/manual/3rec_sel/recruit.html#3.14)

<b>SECTION 1: DETAILS OF RELIEVING APPOINTMENT / ADDITIONAL DUTIES</b>	
Staff member to undertake relieving appointment / additional duties:	
Employee Number: _____	Faculty/Unit: _____
Surname: _____	Other name(s): _____
Account details: 02. _ _ _ _ . _ _ _ . _ _ _ _ . _ _ _ _	
Period of Relieving Appt / Additional Duties: Date From: ___ / ___ / ___ Date to: ___ / ___ / ___	
Notes: Maximum period of 12 months. Minimum period of 5 days (support staff level), 4 weeks (SSS & SSG level).	
<input type="checkbox"/> New allowance <input type="checkbox"/> Continuation/extension of current allowance [Note: If the extension of the Relieving Appointment / Additional Duties results in a continuous allowance for <u>12 months or greater</u> then the allowance will be treated as part of salary for the purposes of contributory superannuation].	
Supervisor whilst on Relieving Appointment / Additional Duties:	
Name: _____	Position Title: _____

**COMPLETE EITHER SECTION 2 OR SECTION 3**

<b>SECTION 2: PAYMENT OF RELIEVING APPOINTMENT (HIGHER DUTIES) ALLOWANCE</b>	
Name of current incumbent:	Title of Relieving Position:
Level: _____ Step: _____ <b>OR</b>	% to be paid: _____ %
<input type="checkbox"/> SSG \$ _____ <input type="checkbox"/> SSS: \$ _____	<b>Must be 50% or greater otherwise complete Section 3: Additional Duties</b>
Rationale for the Higher Duties (eg incumbent is on parental or other approved leave, incumbent has resigned and recruitment action is underway):	

**OR**

**SECTION 3: PAYMENT OF ADDITIONAL DUTIES ALLOWANCE (APPLICABLE TO SUPPORT STAFF ONLY)**

Nature of additional duties

Portion of a higher level role (ie less than 50%). Specify the following:

Title of relieving position:

Name of current incumbent:

Additional duties which are not part of existing position (eg project work)

Value of additional duties. This will be a fixed amount for the duration of the period of additional duties. Please express additional duties allowance as a per annum amount (Pay Office will calculate fortnightly amount).

\$ \_\_\_\_\_ per annum

**If the amount above exceeds \$5,000**, contact your HR Partner before completing this form.

Rationale for the Additional Duties:

**STAFF MEMBER DECLARATION**

I consent to the relieving appointment /additional duties and arrangements as described above.

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**AUTHORISATION OF CHANGES (SUPERVISOR TO COMPLETE)**

Recommended by:

\_\_\_\_\_  
Current Supervisor/Manager Name (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Dean/Director/ Delegated Authority (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORWARD COMPLETED FORM TO RELEVANT HR PARTNER, HRU, LEVEL 6, BUILDING 10  
STAFF MEMBER SHOULD RETAIN A COPY OF THE SIGNED FORM**

**HR USE ONLY**

Relieving position No: \_\_\_\_\_ Reassign direct reports if req:  Scanned & Filed \_\_ / \_\_ / \_\_

Actioned by: \_\_\_\_\_

**PAYROLL USE ONLY**

Substantive Org: \_\_\_\_\_ Substantive Pos #: \_\_\_\_\_

Grade + Step: \_\_\_\_\_ Current Supervisor: \_\_\_\_\_

Entered by \_\_\_\_\_ Date: \_\_\_\_\_

Returned to substantive:  Element entered:  Costing:  Backpay if required:

Scanned & attached in neo \_\_ / \_\_ / \_\_