Form **SAL13.1**

Request for Higher Duties Allowance

Employee#: **Job#:**

Surname:

Other Name(s):

Department:

Length of Service:

	Position No	Award	Class	Step	Location
Substantive Position					
Higher Duties Position					

Proficiency: %

HDA Start Date: **HDA Finish Date:**

Who normally holds this position? ……..

What salary does this person receive? ……...

Reason for vacancy; i.e., has the person resigned or are they on leave? ……

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Qualification of Service	Brief Description of Duties
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……	……

I certify that the employee covered by this recommenda tion to capable of performing the duties of the proposed position as set out above and will actually be employed on these duties from the date recommended.

Recommended by Divisional Head

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Date: ……../……../……..

Approved by Departmental Head

……

Date: ……./……./…….

Payroll Office Use Only

HDA Occupancy Entered: _____

Date Entered: _____

Entered By: _____