

**EMPLOYEE SERVICE CENTRE
APPLICATION TO AUTHORISE PAYMENT FOR UNDERTAKING
HIGHER DUTIES**

Employee Details:	Name:			
	Service:			
	Designation:	Post Number:	Grade:	Post Hours:
Details of Post to be Covered:	Name of Substantive Post Holder:			
	Designation:		Post Number:	
	Post Hours:	Grade:	Allowances Please Tick	15% 33 1/3%
	Cost Centre:	Location Number:	Source of Funding:	
Reason for Undertaking Higher Duties:	Vacancy		Maternity Leave	
	Sickness		Other (Please Specify):	
	Any other relevant information relating to request for Higher Duties Payment:			
Date and percentage for Higher Duties Payment to commence:	Date: Percentage:		Duration of Payment:	
Budget Checked	Yes	No		

Completed by Manager:

Date:

Head of Service:

Date: