**HIGHER DUTY PAYMENTS FORM**

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| **Ensure that you have read and familiarised yourself with the** [**Higher Duty Procedure**](http://arcadia.aberdeenshire.gov.uk/?p=27267) **prior to offering Higher Duty and completing the Higher Duty form. The Higher Duty Payment form should be completed electronically, fuller instructions are available on the reverse of this form.** | | |
| **Section A: Please complete in ALL cases** | | |
| **Please select only one option:** | |  |
| Request for Higher Duty Payment |  | Complete Sections B, C and F only |
| Notification of extension of Higher Duty Payment |  | Complete Sections B, D and F only |
| Amendment to Higher Duty Payment |  | Complete Sections B, C and F only |
| Cessation of Higher Duty Payment |  | Complete Sections B, E and F only |

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| **Section B: Details of the Employee Undertaking Higher Duties** | | | | |
|  | | | | |
| Employee No |  | Location of Post |  |  |
|  | | |
| First Name |  | Surname |  |  |
|  | | | | |
| Post No | **AP** | Job Title |  |  |
|  | | | | |

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| **Section C: Details of the Higher Duty Post / Details of amendments to Higher Duty Payment** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Job Title** | | |  | | | | | | |  |
|  | | | | | | | | | | |
| **Post No** | | | **AP** | | | **Start Date of Higher Duty** | | | Click here to enter a date. |  |
|  | | | | | | | | | | |
|  | | |  | | | **Expected End Date of Payment** | | | Click here to enter a date. |  |
|  | | | | | | | | | | |
| **Total Hours Worked per Week** | | | | | | | | |  |  |
|  | | | | | | | | | | |
| **Total Hours Worked per Week in Higher Duty Post** | | | | | | | | |  |  |
|  | | | | | | | | | | |
| **Total Hours Worked per Week in Substantive Post** | | | | | | | | |  |  |
|  | | | | | | | | | | |
| **Reason for Higher Duty Payment** *(tick one box only)* | | | | | | | | | | |
|  | | Sickness Cover | |  | Postholder Acting Up | |  | Vacancy Cover |  |  |
|  | | | | | | | | | | |
| **Please provide additional information below:** | | | | | | | | | | |
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| Section D: Extension of Higher Duty Payment period | | | | |
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| **Date Higher Duty Payment extended to:** | | Click here to enter a date. |  | |
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| **Please state reason for extension period:** | | | | |
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| Section E: Cessation of Higher Duty Payment | | |
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| **Date Higher Duty Payment to cease:** | Click here to enter a date. |  |
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| **Section F: Authorisation (to be completed in all cases)** | | | | | | | | |
|  | | | | | | | | |
| Authorised Signature: |  |  | | | Date: | Click here to enter a date. | |  |
|  | | | | | | | | |
| Authorised Name: |  |  | | Employee No: | |  | |  |
|  | | | | | | | | |
|  | | | | | | | | |
| Form Completed By:  *(if different)* |  | |  | Employee No: | | |  |  |
|  | | | | | | | | |

**How to complete a higher duty forM**

**Please ensure that the following information has been provided accurately. Incorrect or missing Information will mean the Higher Duty form cannot be processed.**

1. **Employees commencing Higher Duty:**

Complete Sections A, B & C & F of the form.

* **Post Number (of Substantive Post)**
* **Start date**
* **Total no. of hours worked overall**
* **Total no. of hours worked in Higher Duty Post**
* **Total no. of hours worked in Substantive Post**
* **Post Number (of Higher Duty Post)**
* **In case of ‘Sickness Cover’ or ‘Postholder Acting Up’, please specify the Higher Duty Post holder’s Name in Additional Info**
* **Signature of authorising signatory (if the form is to be uploaded by someone else)**

1. **Employees extending Higher Duty:**

Complete Sections A, B & D & F of the form.

* **Extension “Until” date**
* **Reason for extension of payments**
* **Signature of authorising signatory (if the form is to be uploaded by someone else)**

1. **Making an amendment to an existing Higher Duty:**

Complete Sections A, B, C & F of the form.

* **Give details of all amendments (change of hours, reason for Higher Duty)**
* **Signature of authorising signatory (if the form is to be uploaded by someone else)**

1. **Employees ceasing Higher Duty:-**

Complete Sections A, B & E & F of the form.

* **Actual date payments have/will cease**
* **Signature of authorising signatory (if the form is to be uploaded by someone else)**

**The Higher Duty Payment form should be completed electronically and submitted through the askHR Portal as a PDF. There are three options for doing this:**

Option 1 – the Authorised Signatory uploads to askHR instead of physically signing the form.

Option 2 – the Authorised Signatory signs the form and makes arrangements within their Service to ensure the form is uploaded to askHR Portal as a PDF on their behalf.

Option 3 - Please complete, scan and upload to [AskHR@aberdeenshire.gov.uk](mailto:AskHR@aberdeenshire.gov.uk)

Either option will comply with the required authorisation process.

**Delaying sending in forms may result in an overpayment being made – and subsequent salary claw back from the employee.**