

# Approval for Payment of Higher Duties Allowance

Payable when a member performs duties of a higher responsibility

[PACMAN Chapter 4, Part 1](#) refers

**A direction to perform Higher Duties is not valid for periods greater than three months unless posted to the position. Extensions can be requested towards the end of each three month period.**

**Instructions for completion**

1. Recommending authority is responsible for completion of 'Part A - Member's details' and 'Part B - Details of higher duties position'.
2. Directing authority is responsible for completion of 'Part C - Directing authority'. A person giving a direction may also approve the payment of the allowance. A directing authority may also complete parts A and B, where appropriate.
3. A 5% loading applies to SNCO's only, who would not otherwise qualify for a payment of HDA on the basis of salary comparison.
4. If higher duties are for an Australian Defence Force (ADF) position that is two or more ranks higher, or for a Foreign Defence Force (FDF) position, or an Australian Public Service (APS) position, this form is to be fully completed, signed by the directing authority and then forwarded to the appropriate Service appointment shown against clause 4.1.21 of the PACMAN to enable the rate of HDA to be determined.
5. If higher duties are for an ADF position that is only one rank higher, the directing authority is to fully complete and sign the form and forward it to the unit pay office for action and data input.
6. A fresh application is required for each continuing period of HDA extending beyond three months.

**Part A - Member's details**

Service	Employee ID	Service number	Rank	Family name	Initials
Phone number	Address			Current pay group	

**Part B - Details of higher duties position**

Position number	Employment category	Reason for vacancy			
<b>Rank and pay group of position</b>			<b>Period of vacancy</b>		
Rank or level	Pay grade	Date from	Date to		
Is this a new direction or an extension to an existing direction?					
<input type="checkbox"/> New direction		<input type="checkbox"/> Extension			

**Part C - Directing authority**

I certify that the duties of this position could not reasonably be distributed among other positions.  
 In accordance with PACMAN Chapter 4, Part 1, the member has been directed to perform the  
 Full     Partial duties of the     ADF     APS     FDF position.

I certify that the member has been advised which particular duties are not to be performed  
*(where a direction for partial performance has been given).*

Higher Duties Allowance (HDA) is approved and/or recommended at the following rank and/or pay group:

Rank	Pay grade	5% loading
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**HDA period covered by this approval** *(Not to exceed three months unless member is posted to the position)*

Date from	Date to
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Signature	Rank	Printed name	Unit or branch
Phone number	Email		Date

Action completed
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