

DEFENCE LEGAL
ADDITIONAL RESPONSIBILITY PAY REQUEST

1. **POSITION BASED ARP** **OR** **NON POSITION BASED ARP**
2. **BACKFILLING STAFF ON:** PAID LEAVE UNPAID LEAVE N/A
3. **INITIAL PERIOD OF ARP, or**
 EXTENSION OF PREVIOUS ARP OVER 6 MONTHS (CUMULATIVE)
 OVER 12 MONTHS (CUMULATIVE)*

*ARP over 12 months requires the position be advertised, or approval by DEPSEC-CS. If seeking DEPSEC-CS approval please provide additional justification, including the medium to long term plan for the position.

UNIT/DIRECTORATE.....

EMPLOYEE NAME.....PMKEYS ID.....

DATE FROM.....TO.....INCLUSIVE

APS LEVEL.....POSITION NO:.....

SUPERVISORS JUSTIFICATION:

SIGNED:

DATE:

PLEASE RETURN TO DSS FOR ACTION

DELEGATE
COMMENTS:

APPROVED/NOT APPROVED

SIGNED:

DATE:

FINANCE
FINANCIAL IMPACT:
COMMENTS:

SIGNED:

DATE:

HR
FTE IMPACT:
COMMENTS:

SIGNED:

DATE: