Recurring Allowance Application

An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from effective date. This is only required if there is an "expected" payment impact to the employee (under or overpayment).

Please complete this form to claim for recurring allowances only (i.e. first aid, uniform). Claims for allowances associated with attendance should be submitted on the Attendance Claim form. Applications for the full rate of locality allowance must be made on the Locality Allowance Full-Rate Declaration form.

Employee details

Person ID

Personnel assignment number

Please indicate (tick) here if you work in more than one position in Queensland Health. ☐

Family name

First name/s

Position title

Area code **(07)**

Contact telephone number

Organisational unit number

Organisational unit name

Facility

Recurring allowance details

			Allowance description	Effective date
Add [X]	Change ☐	Remove ☐	4C12 Amount to deduct: $	
Add ☐	Change ☐	Remove ☐		
Add ☐	Change ☐	Remove ☐		
Add ☐	Change ☐	Remove ☐		

Employee signature

Employee's signature

Date

Delegate approval (mandatory completion required)

I certify that I have advised the employee of any allowances that have been ceased as a result of this approved change.

Approver's signature

Date

Area code **(07)**

Contact telephone number

Approver's full name

Position title

New or modified applications for recurring allowances will be processed for the next available pay period following receipt of a valid completed form.

Upon completion, please submit completed form and any necessary documents to Payroll Transactional Services via myHR.