

Recurring Allowance Application

Privacy notice: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

 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. <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>		
Family name	First name/s		
<input type="text"/>	<input type="text"/>		
Position title	Area code	Contact telephone number	
<input type="text"/>	(07)	<input type="text"/>	
Organisational unit number	Organisational unit name	Facility	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Recurring allowance details

	Allowance description	Effective date
Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	4C12 Amount to deduct: \$	<input type="text"/>
Add <input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Add <input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Add <input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Employee signature

Employee's signature	Date
<input type="text"/>	<input type="text"/>

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	Contact telephone number
<input type="text"/>	<input type="text"/>	(07)	<input type="text"/>
Approver's full name	Position title		
<input type="text"/>	<input type="text"/>		

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.