

REMOVAL OF PAYMENT OF HIGHER GRADE DUTY ALLOWANCE FOR PERIODS OF UNDER 5 CONSECUTIVE DAYS



USE THIS SECTION TO TELL NSWNA OF INSTANCES WHERE YOU HAVE BEEN DIRECTED TO RELIEVE IN A HIGHER GRADED POSITION BUT WERE NOT PAID FOR DOING THE RELIEF.

Higher Grade Position that you relieved in (occupation title and grade eg. NUM 2, AH NM grade 3):

Facility / Service Name: _____

Area Health Service: _____

No. days/shifts you relieved in the position: _____

Reason the relief was needed (eg. incumbent sick, ADO): _____

Were you paid In Charge of Shift or Facility Allowance for period you relieved? YES/NO

USE THIS SECTION TO TELL NSWNA OF INSTANCES WHERE THE CHANGES TO HIGHER GRADE DUTY PAYMENTS HAVE HAD NEGATIVE CONSEQUENCES (NUMS/NURSE MANAGERS).

Higher grade duties position that you needed to fill (occupational title and grade):

What was the outcome?

- Preferred person(s) declined to do the relief
- More junior/less preferred person did the relief
- Only part of the absence time was relieved
- No-one did the relief duties at all

What were the consequences of this? (for patients, for other nursing staff)

Name: _____ NSWNA Membership No.: _____ Date: _____

PLEASE RETURN TO NSWNA VIA FAX: 02 9550 3667, OR POST TO PO BOX 40 CAMPERDOWN NSW 1450