

**APPLICATION FOR RELIEVING ALLOWANCES WHILST ACTING  
TEMPORARILY IN A HIGHER POSITION**

NEW SOUTH WALES  
DEPARTMENT  
OF EDUCATION  
AND TRAINING



**Application Details**

**Name:** \_\_\_\_\_  
(Surname in BLOCK letters)

**Serial Number:**

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**Position on Staff:** \_\_\_\_\_

**School:** \_\_\_\_\_

**School Code:** \_\_\_\_\_

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**Details of Relief**

**Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Person relieved:** \_\_\_\_\_  
(BLOCK Letters) 

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**Serial Number**

**Reason for relief:** Sick Leave  Leave Without Pay  Maternity Leave   
Long Service Leave  Unfilled Vacancy  Other (Please specify below)

First working Day in Relieving Position: / / Last Working Day in Relieving Position: / /

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**Miscellaneous**

Additional Relief Undertaken in Past 12 Months:

1. Position/s Relieved: \_\_\_\_\_

2. School/s: \_\_\_\_\_

3. Period/s: \_\_\_\_\_

Are you receiving an allowance in addition to normal salary? eg. Living, Year Advisor, University, Handicapped etc if so, give details \_\_\_\_\_

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**Undertaking**

I hereby make application for payment of relieving allowance while relieving in the position detailed above. I have noted that no claim for an allowance will be recognised unless made within 2 months ( 4 months in the case of regular relieving teacher) after the commencement of the period of relief. I undertake to notify the State Office immediately I cease relieving in the higher position and any absence from duty in excess of 5 consecutive working days during service in a higher position.

Signed: \_\_\_\_\_ Date: / /

I **certify** that the above details are correct and the officer is satisfactorily performing the duties and has assumed the full responsibility of the position.

Signed: \_\_\_\_\_ Date: / /  
Principal /Superintendent

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**Fax Direct to Teacher Services – Newcastle Fax: 02 4924 9875**

**Office Use Only**

Details Checked .....	Recommendation Supported .....	Relieving Approved .....	Register Noted Form Letter Sent ...../...../.....
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