



ELECTORATE STAFF ALLOWANCE ALLOCATION

PAYABLE TO ELECTORATE EMPLOYEES FOR EMPLOYMENT AGAINST AN ESTABLISHED POSITION

WHEN TO USE THIS DOCUMENT

This document may be used to re-allocate the level of Electorate Staff Allowance (ESA) for the Electorate Officer positions in the office of a Senator or Member in the following circumstances:

- at the commencement of each financial year;
- in the event of an office restructure involving a change in the classification of electorate officer positions;
- when an employee commences or ceases a temporary transfer or period of leave, of three months or longer;
- where the employing Member commences as a Senator or Member;
- where the employing Member is appointed as, or ceases to be, a Minister or Parliamentary Secretary;
- in special circumstances, with the agreement of the Special Minister of State; or
- to allocate any unallocated ESA at any time, for example to increase the level of ESA allocated to a position.

This document may also be used to amend the level of ESA allocated to a position that is vacant, as the employee or employees that filled the vacant position have:

- ceased employment with the Senator or Member; or
- moved permanently to a position with a different classification within the employing Senator or Member's office.

ESA DETAILS

The *Commonwealth Members of Parliament Staff Enterprise Agreement 2016–2019* ('Enterprise Agreement'), provides for Electorate Officer positions to be allocated a level of ESA in recognition of, and as compensation for, reasonable additional hours worked and time spent on official travel outside of ordinary working hours.

The allocation of ESA must be in accordance with the Enterprise Agreement and the ESA Guideline. Please refer to these documents before completing this form.

The allocation of ESA and expectations of additional hours of work should be discussed between the employing Senator or Member and their Electorate employees.

If the employing Senator or Member has not consulted with the relevant employees, the form contains space to indicate why this has not occurred.

The ESA Guideline sets out the timeframes for notifying M&PS of any changes to ESA allocations and specifies when such changes will take effect.

HOW TO COMPLETE THIS FORM

1. Complete one copy of the ESA Allocation form for each Electorate Officer position, including where no ESA is to be allocated to a position.
2. Senators and Members should consult with the affected employee(s) in regard to the level of ESA allocated to the position.
3. Each Electorate employee employed against a position should sign the relevant form to acknowledge the level of ESA allocated to the position.
4. An employee may indicate on the ESA Allocation form that they elect not to receive ESA.



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Options for returning your completed form
Scan and Email to: MOPSPay&Conditions@finance.gov.au

Enquiries: Ministerial and Parliamentary Services
Email: mpshelp@finance.gov.au
Phone: (02) 6215 3333

Complete one copy of this form for each Electorate Officer position.

POSITION DETAILS	▶ Name of employing Senator or Member	<input type="text"/>	State	<input type="text"/>
	▶ Position classification	EO A <input type="checkbox"/>	EO B <input type="checkbox"/>	EO C <input type="checkbox"/>
	▶ Reason for change	<input type="checkbox"/> Annual review at start of each financial year <input type="checkbox"/> Office restructure involving change in classification of electorate officer positions <input type="checkbox"/> Employee commencing or ceasing a period of approved leave of 3 months or more <input type="checkbox"/> Employee commencing or ceasing a temporary transfer of 3 months or more <input type="checkbox"/> Commencement of a Senator or Member <input type="checkbox"/> Senator/Member appointed as, or ceases to be, a Minister or Parliamentary Secretary <input type="checkbox"/> Allocation of unallocated ESA to increase the level of ESA allocated to a position <input type="checkbox"/> Vary the allocation of ESA to a vacant position		
	▶ Position no. (if known)	<input type="text"/>		
	▶ Comments	<input type="text"/>		

SECTION 1 – ALLOCATION OF ESA BY THE EMPLOYING SENATOR OR MEMBER

ALLOCATION	▶ Level of ESA to be allocated to the above position (please mark the appropriate box):
	No ESA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
The total allocation of ESA within the electorate office must not exceed the limits set by the Enterprise Agreement.	
▶ I understand that where no ESA is allocated to a position there is no expectation for the employee(s) named below to work significant additional hours, and that, where the employee(s) is/are required to work additional hours, time off in lieu may be available in accordance with the Enterprise Agreement.	
Signature of Employer or Authorised Person	<input type="text"/>
Date	<input type="text"/>
Name (if authorised person)	<input type="text"/>
▶ Have you consulted with the relevant employees in regard to this ESA allocation?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶ Please indicate why (e.g. employee on extended leave and is unable to be contacted)
<input type="text"/>	

SECTION 2 – ACKNOWLEDGEMENT OF ESA ALLOCATION BY EMPLOYEE(S)

EMPLOYEE 1	▶ Please tick one box only:	EMPLOYEE 2	▶ Please tick one box only:
<input type="checkbox"/>	I acknowledge the above level of ESA allocated to my position and that this level of ESA is subject to change and may be reduced in accordance with the Enterprise Agreement.	<input type="checkbox"/>	I acknowledge the above level of ESA allocated to my position and that this level of ESA is subject to change and may be reduced in accordance with the Enterprise Agreement.
<input type="checkbox"/>	I choose not to receive ESA in accordance with the Enterprise Agreement. I understand that, where additional hours are required to be worked, time off in lieu may be available in accordance with the Enterprise Agreement.	<input type="checkbox"/>	I choose not to receive ESA in accordance with the Enterprise Agreement. I understand that, where additional hours are required to be worked, time off in lieu may be available in accordance with the Enterprise Agreement.
I have read and understood the Privacy Collection Notice (see Page 1). Name of Employee		I have read and understood the Privacy Collection Notice (see Page 1). Name of Employee	
<input type="text"/>		<input type="text"/>	
Signature of Employee 1	<input type="text"/>	Signature of Employee 2	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

If there are more than two employees employed against this position, please complete additional copies.