

# Loaded Rate Arrangement Form

Name of employer: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Employee Classification/Wage Level: \_\_\_\_\_

Loaded Rate Range of Days: \_\_\_\_\_

Loaded Rate Maximum Weekly Hours: \_\_\_\_\_

Loaded Rate Percentage: \_\_\_\_\_

Ordinary Hourly Rate: \_\_\_\_\_

Loaded Rate (ordinary hourly rate x loaded rates percentage): \_\_\_\_\_

## Acknowledgement by Employer

The employer acknowledges that, by entering into this arrangement, the employee must be paid the employee Loaded Rate for all hours up to the Loaded Rate Maximum Weekly Hours each week.

The employer acknowledges and agrees to roster the Loaded Rate Maximum Weekly Hours in accordance with the Loaded Rate Parameters defined in clause K.4.

The employer acknowledges additional payments will apply to work performed on days, or at times, beyond the scope of the Loaded Rate Parameters, or for allowances not specified in the Loaded Rate Parameters.

By entering into this arrangement, the employer consents to any dispute arising from this arrangement being settled by the Fair Work Commission through arbitration in accordance with clause 40—Dispute resolution and section 739(4) of the Act.

Name of employer representative: \_\_\_\_\_

Signature of employer representative: \_\_\_\_\_

Date signed: \_\_\_/\_\_\_/20\_\_\_