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| **Professional Services Staff Contribution Form** | | | | | | | | | |
| Please ensure you have read the **Professional Services Staff Contribution Pay Guidelines** before completing this form, available on the Human Resources webpages.    This form is for the application of contribution increments or non-recurrent payments for **professional services staff within Group F only and should be completed by the Line Manager and Head of Department/ Research Centre Director.**  Once complete, please email this form to your HR Partner by **Monday 25 April 2016 latest**. | | | | | | | | |
| Application for: | Recurrent payment |  | Non-recurrent payment | |  | Recurrent and non-recurrent payment | |  |
| 1. General Information | | | | | | | | |
| Forename: | | | |  | | | | |
| Surname: | | | |  | | | | |
| Department: | | | |  | | | | |
| Position: | | | |  | | | | |
| 2. Detail of requested contribution award | | | | | | | | |
| Please specify the number of increments applied for: | | | | | | |  | |
| New salary point (please ensure that the number of increments does not exceed the maximum contribution step for the candidate’s current salary band): | | | | | | |  | |
| Please specify amount of non-recurrent payment (gross) applied for (e.g. £500): | | | | | | | £ | |
| For staff funded by Research Grants only:  Please confirm that a fund check has been conducted should the above award be approved: YES/NO | | | | | | | | |
| 3. Supporting Statement | | | | | | | | |
| In no more than a paragraph, state the basis for submission, specifying why you feel the post holder should be awarded the requested amount. *This information should be typed:* | | | | | | | | |
|  | | | | | | | | |
| Line Manager’s Name: | | | |  | | | | |
| Line Manager’s Job Title: | | | |  | | | | |
| Head of Department/Research Centre Director Name: | | | |  | | | | |
| Head of Department/Research Centre Director Electronic Signature: | | | |  | | | | |
| Date: | | | |  | | | | |