Business Case template for **Additional Incremental Progression**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Employee full name: |  |
| Employee number: |  |
| Post title: |  |
| School/Directorate: |  |
| Grade & current spinal point: |  |
| Job Family and/or Career Pathway: |  |
| Proposed payment type: | Additional incremental progression within the Core Zone of a grade |
| Proposed Core Zone spinal point and value: |  |
| Proposed effective date of payment: |  |

1. **JUSTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Please detail reasons for the proposed additional incremental progression within the Core Zone of the employee’s grade. Remember that the annual incremental salary system recognises the continuing capability and competence that comes with experience in post. Additional incremental progression is appropriate only where an employee has demonstrated progress in capability and confidence that exceeds normal expectations, or where the employee has taken on additional responsibilities within the scope of their existing grade. | | | |
|  | | | |
| Please describe how this request for additional incremental progression supports Faculty/Directorate and University strategies. | | | |
|  | | | |
| Are there any colleagues in the same or similar roles in the same school, faculty or directorate who might qualify for the same pay progression? | | | |
|  | | | |
| Please describe how equal pay has been considered in forming this proposal. Is the proposal fair and equitable? If the proposal will have a positive effect on equality or pay gaps, please explain how. If the proposal will have a negative effect on equality or pay gaps, please explain why this is a proportionate action. | | | |
|  | | | |
| Where it is relevant to the case, please provide any appraisal ratings (or similar evidence) which demonstrates progress in capability and confidence that exceeds normal expectations. | | | |
|  | | | |
| Please describe what, if any, financial constraints or implications for the school/ directorate have been considered in making this business case and how they have been addressed. | | | |
|  | | | |
| Where additional responsibilities are cited, you must ensure copies of the following are attached:   * Original Job Description   Revised Job Description including additional responsibilities | | | |
| Form submitted by: Name/Title: |  | | |
| Signature: |  | Date: |  |
| Relationship to post holder: |  | | |

1. **APPROVAL – Head of School/Executive Director/Director**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm approval of the request for payment as detailed above. | | | |
| Name/Title: |  | | |
| Signature: |  | Date: |  |
| Any additional comments: | | | |

1. **FINANCE RECEIPT – Head of Faculty Finance/Finance Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that I am aware of the request for payment as detailed above. | | | |
| Name/Title: |  | | |
| Signature: |  | Date: |  |
| Any additional comments: | | | |

1. **Form submitted to - HR Business Partner**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm I am aware of the request for payment and have provided advice as required. | | | |
| Name/Title: |  | | |
| Signature: |  | Date: |  |
| Any additional comments: | | | |

1. **APPROVAL – Dean/Vice President Operations**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm approval of the request for payment as detailed above. | | | |
| Name/Title: |  | | |
| Signature: |  | Date: |  |
| Any additional comments: | | | |

1. **RETURN TO**

Please attach the completed form to the appropriate [ServiceNow](https://sotonproduction.service-now.com/soton/hr.do) ticket.