Business case template for incremental progression that moves an employee into or through the **Higher Responsibility Zone**

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: | Incremental progression into or through the Higher Responsibility Zone |
| Proposed Higher Responsibility Zone spinal point and value: |  |
| Proposed start date of payment: |  |
| Proposed end date of payment (if applicable): |  |

1. **JUSTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Please detail reasons for the proposed move into or through the Higher Responsibility Zone. Remember that the Higher Responsibility Zone exists to remunerate employees for assuming additional responsibilities beyond the normal scope of their grade and should not be used to reward performance or act as a market supplement. Where the proposal is for movement into the Higher Responsibility Zone, the relevant additional responsibilities should be documented. Where the proposal is for additional movement through the Higher Responsibility Zone, the further additional responsibilities should be documented alongside those that justified the original movement into the Higher Responsibility Zone. | | | |
|  | | | |
| Please describe how this request for payment in the HRZ 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. | | | |
|  | | | |
| 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. | | | |
|  | | | |
| You must ensure copies of the following are attached:   * Original Job Description * Revised Job Description including highlighted 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/COO**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.