Business case template for additional salary enhancements

**(Market Supplements, Personal Value Allowances, Responsibility Allowances)**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Employee full name: |  |
| Employee number: |  |
| Post title: |  |
| School/Directorate: |  |
| Grade and spinal point: |  |
| Job Family Career Pathway (If applicable): |  |
| Proposed payment type: |  |
| Proposed value of payment: |  |
| Proposed start date of payment: |  |
| Proposed end date of payment (if applicable): |  |

1. **JUSTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Please detail the reasons for the proposed payment. Remember to cite the qualifying criteria (as set out in the relevant policy) and explain how the employee or their circumstances meet these qualifying criteria. | | | |
|  | | | |
| Please describe how this request for an additional salary enhancement 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 salary enhancement? | | | |
|  | | | |
| 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 have been considered in making this proposal and how they have been addressed. | | | |
|  | | | |
| 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.