Business case template for **Staff Achievement Awards**

1. **GENERAL INFORMATION \***

|  |  |
| --- | --- |
| Employee full name: |  |
| Employee number: |  |
| Post title: |  |
| School/Directorate: |  |
| Grade & spinal point: |  |
| Job Family and/or Career Pathway: |  |
| Proposed payment type: | Staff Achievement Award |
| Proposed value of payment:  (Max value £1,000). |  |
| Proposed month of payment: |  |

1. **JUSTIFICATION\***

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| --- |
| Staff Achievement Awards are intended to reward those who can demonstrate outstanding achievement or excellence of a short-term nature which is of such a high standard that it has made a difference to students, customers, colleagues, the department or the University as a whole. |
| Please describe how this request for a staff achievement supports Faculty/Directorate and University strategies, citing the qualifying criteria and demonstrating how the individual exceeds the normal expectations of them, as set out in their job description and career pathway contribution matrix. |
|  |
| Please describe what equal pay measures for the school/directorate have been considered in making this business case and how they have been addressed. How does this payment support local equality action plans or pay gap data. |
|  |
| 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. |
|  |

1. **APPROVAL – Form submitted by and Faculty/Department approvals: \***

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm approval of the request for payment as detailed above. | | | |
| Name/Title: |  | | |
| Signature: |  | Date: |  |
| Relationship to nominated recipient |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Dean of Faculty/ Director of Professional Service |  | | |
| Signature: |  | Date: |  |

1. **RETURN TO** [reward@soton.ac.uk](mailto:reward@soton.ac.uk)
2. **GOVERNANCE**

|  |  |
| --- | --- |
| Date received by [reward@soton.ac.uk](mailto:reward@soton.ac.uk) |  |
| Date submitted to panel |  |
| Approved / not approved? |  |
| Panel feedback? |  |
| Date submitted for payment |  |

\* These fields are mandatory and will be returned to the requester if left blank.