|  |  |
| --- | --- |
|  |  |

**1. Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Employee number** |  |
| **Department** |  | **Division** |  |
| **Line Manager** |  |

**2. Specific Details**

|  |
| --- |
| **Business Case for contribution point increase (this should draw reference to measurable outputs comparative of expectations of normal progression within grade. This section should also make specific reference to appraisal reviews and give examples of sustained delivery).** |
|  |

**3. Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Spinal Point** |  | **Proposed Spinal Point**  |  |
| **Additional Cost** |  | **Project Code** |  |
| Payments will be made pro rata to the start and end dates of the duties based on the University Policy |
|  |
| **Effective Date** | **01st April / 01st September (please circle)** |

**4. Form Completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |

**6. Head of Area Authorisation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |  |

**Please send to your Business Partner for Processing**

**7. Additional Authorisation Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head of Reward/ Deputy Director of HR** | **Signature** |  | **Date** |  |
| **Management Accountant** | **Signature** |  | **Date** |  |