**APPLICATION FOR A SALARY INTO THE EXTENDED RANGES/SPINE POINT INCREASE FOR:** Click here for a list of options

**\*From:** Head of Department/Vice Principal: Click here for a list of options

(Please note that you have the option to attend the relevant SRP meeting to put forward your proposal in person)

**VP Signature:**

**HoD Signature:**

**To:** SRP Administrator, HR Click here to enter a date.

I recommend that the person below is awarded a Click here for a list of options

 Click here for a list of options with effect from Click here to enter a date.

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| Was the cost of this increase in salary agreed as part of the previous budget round? Yes: [ ]  No: [ ] If not, briefly state where the funding for this increase in salary will come from:  |
|  |

Current Grade and Spine Point or Extended Range: Click here to enter text.

Proposed Grade and Spine Point or Extended Range: Click here to enter text.

Name: Click here to enter text. Department: Click here for a list of options
Job Title: Click here to enter text. FTE/Hours: Click here to enter text.

Start Date:Click here to enter a date.

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| Business case/reasons for recommendation. Please see Policy and Practice documents for guidelines. Additional support and/or endorsement by the Vice Principal should be included. |
| Click here to enter text. |

**\*** Proposals submitted in respect of an employee whose post is funded by more than one department will need the approval of all relevant Heads of Department. Proposals submitted in respect of an employee whose post is externally funded will need the approval of the Head of Research Administration.

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| Additional Information (HR use only). |
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