**APPLICATION FOR A RESPONSIBILITY ALLOWANCE**

**\*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 **Date:** Click here to enter a date.  
  
I recommend that the person below is given a responsibility allowance of £ Click here to enter text. per annum.

Employee Name: Click here to enter text. Position/Job Title: Click here to enter text.

Department: Click here for a list of options \*\*FTE/Hours: Click here to enter text.

Grade: Click here for a list of options Point within Grade: Click here for a list of options

Cost Code Click here to enter text.

\*\*\*Start/End Date or to be reviewed on Click here to enter text.

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| Was the cost of this allowance agreed as part of the previous budget round? Yes:  No:  If not, briefly state where the funding for this allowance will come from: |
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| Business case/reasons for recommending a Responsibility Allowance.  Please see Policy and Practice documents for guidelines. Additional support and/or endorsement by the Vice Principal should be included. |
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**\*** 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.

\*\* For part-time employees, please confirm whether the amount awarded needs to be pro-rated prior to payment.

\*\*\*Responsibility allowances must be for a fixed period only

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| Additional Information (HR use only). |
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