**APPLICATION FOR A SPECIAL AWARD – TEAM**

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

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

**HoD Signature:**

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

I recommend that the team below are awarded a special award as follows (note, the maximum amount to be awarded to an individual cannot be more than the value of 2 increments):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*\*Name | Job Title | Start Date | Grade | \*\*\*FTE/Hours | Special Award Value |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |

Press use the TAB key to add more lines

Department: Click here for a list of options Cost Code: Click here to enter text.

|  |
| --- |
| Was the cost of these awards agreed as part of the previous budget round? Yes:  No:  If not, briefly state where the funding for these awards will come from: |
|  |

|  |
| --- |
| Business case/reasons for recommending a Special Award.  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.

\*\* Please list all employees to be awarded.

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

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| Additional Information (HR use only). |
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