**APPLICATION FOR A SPECIAL AWARD – TEAM**

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

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

I recommend that the team below is 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** | **Employee**  **No.** | **Job Title** | **Employment**  **Start Date** | **Current**  **Grade** | **\*\*\*FTE** | **Proposed**  **Award** | **Equivalent to**  **the sum of** | **Department** |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |
|  |  |  |  |  |  | Click here for a list of options | £ Click here to enter text. | Click here for a list of options |

Please use the TAB key to add more lines

|  |
| --- |
| 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 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Department** | Click here for a list of options | **Signature** | Click here to enter text. |
| **Authorising VP** | Click here for a list of options    **Signature** | **Signature** | Click here to enter text. |