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| **Reward Scheme 2020 - Manager Recommendation Form** |
| This form is to recommend an individual for one Additional Scale Increment (ASI) or Discretionary Increment (DI).New principles apply determining employee eligibility for an award. Please contact your HR team before you complete this form to check the eligibility of an employee you wish to recommend.Please also refer to the ‘Reward Scheme’ section of the ‘Reward and Recognition: Grades 2 to 9 and clinical academic staff’ policy at <http://hr.leeds.ac.uk/rewardpolicy> for further information.If you require this document in an alternative format (for example braille, large print or e-text) please contact Human Resources by email to: hr@leeds.ac.uk. |

**SECTION 1: SENIOR MANAGER TO COMPLETE**

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| **Name of employee:** | **Payroll ID number:** |
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| **Job title:** | **Grade:** |
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| **Current spine point and normal service incremental date (if applicable) – this information will be added by Faculty/Service HR hub teams** |
| **Spine point** |  | **Service incremental date (if applicable)** |  |
| **If the employee has received any additional reward or recognition (portal award, one-off payment, ASI/DIs) in the last three years please give summarise all below including date, reason and amount and date:** |
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| **Which type of award are you recommending?** **Please be aware that a maximum of one increment can be awarded.** |
| 1 x Additional Scale Increment ☐ 1 x Discretionary Increment ☐*Note: if the nominee is due their final service increment shortly after the effective date of a recommended award, the case must address the discretionary increment criteria.* |
| **In which strategic area(s) has the nominee demonstrated excellent performance during the last year?**  |
| Research & Innovation [ ]  Leadership [ ]  International [ ]  Quality & Professional Service [ ] Student Education [ ]  |
| **Please outline the reasons for your recommendation, with reference to the Reward Scheme criteria. Recommendations should be based on contributions since 1st August 2019 and not on increased or additional activity during Covid-19**. |
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| **Please sign below, then return this form to your Faculty/Service HR Manager.**  |
| Recommending Manager (print name): | Date: |
| Relationship to nominee: |
| Signature:  |

**SECTION 2: FACULTY/SERVICE HR MANAGER TO COMPLETE FOLLOWING LOCAL FACULTY/SERVICE COMMITTEE**

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| Faculty/Service Panel Decision |
| **Is the recommendation supported?** Yes [ ]  No [ ]  |
| **If No, has an alternative award been recommended?** Yes [ ]  No [ ]  |
| **Alternative award (if applicable)** |
| One-off payment of £\_\_\_\_\_ ☐  |
| **Please provide information about the reasons for the Faculty/Service panel decision.**  |
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| Signature (Chair of Faculty/Service panel) |
| Name: | Date: |
| Position: |
| Signature:  |
| **Please note:**Recommendations and Faculty/Service panel decisions should not be communicated until after the University Validation Panel has taken place.If the recommendation is approved by the panel, Faculty/Service HR teams will provide the recommending manager or Head of School/Service with a confirmation letter for the employee. If the recommendation is not approved, the Head of School/Service will provide feedback to the recommending manager. |