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| **One-off payment recommendation form** |
| This form is to recommend an individual for a one-off payment and should be used in conjunction with the ‘Recognition Scheme’ section of the Reward and Recognition Policy at <http://hr.leeds.ac.uk/info/53/managing_individual_performance/233/reward_and_recognition-guidance_for_managers>.  If you require this document in an alternative format (for example braille, large print or e-text) please contact Human Resources [hr@leeds.ac.uk](mailto:hr@leeds.ac.uk). |

**SECTION 1: SENIOR MANAGER TO COMPLETE**

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| --- | --- |
| **Name of employee:** | **Payroll ID number:** |
|  |  |
| **Job title:** | **Grade:** |
|  |  |

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| --- | --- | --- | --- |
| **Has the employee received any additional reward or recognition (portal voucher, one-off payment, ASI/DIs) in the last three years? If so, please give a brief summary of the reasons for the award(s), amount and date:** | | | |
|  | | | |
| **Please indicate to which strategic areas this case relates (two max.)** | | | |
| Student Education |  | Research & Innovation |  |
| Leadership |  | Quality & Professional Service |  |
| International |  |  |  |

|  |  |
| --- | --- |
| **Please outline the reasons for your one-off payment recommendation, with reference to the Recognition criteria in the Reward and Recognition Policy.** | |
|  | |
| **Please sign below, then return this form to your Faculty/Service HR team.** | |
| Recommending Manager (print name): | Date: |
| Relationship to nominee: |
| Signature: |

**SECTION 2: FACULTY/SERVICE HR MANAGER TO COMPLETE**

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| Faculty/Service Panel Decision | | |
| **Has the recommendation been approved?** | Yes | No |

|  |  |
| --- | --- |
| Payment amount: | £ |

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| --- | --- |
| **Please provide information about the Faculty/Service panel decision** | |
|  | |
| If the amount is different to the norms set in the policy (£1,500 maximum), please provide the rationale for this below and forward to the Reward Team by email to [Reward@leeds.ac.uk](mailto:Reward@leeds.ac.uk), for consideration by the Director of Reward and Employee Relations. | |
|  | |
| **Signature (Chair of Faculty/Service panel)** | |
| Name: |  |
| Signature: |  |
| Date: |  |
| If the case is supported, Faculty/Service HR teams will provide a confirmation letter for the senior manager to give to the employee.  If the case is not supported, feedback will be provided to the senior manager by Faculty/Service HR teams or the Head of School/Service as appropriate. | |