

## HR/37 Proposal for Contribution Increment(s) for Research staff

### Part 1: To be completed by applicant

(Please note there is no need to complete Part 1 if a line manager is putting forward the member of staff for consideration.)

Contribution increments are awarded to recognise outstandingly good work achieved by the member of staff in comparison with others of the same grade, for which some additional recompense is appropriate; or on the basis of the need to retain the specialist skills possessed by a particular member of staff who would otherwise be likely to seek a more highly paid appointment elsewhere where a recruitment incentive payment cannot be awarded.

If you wish to be considered please complete Part 1 of this form, setting out the reasons for your application and providing evidence of your personal contribution, commitment and exercise of initiative, over and above the level expected of a person performing competently at your grade, in support of the objectives of your Division or Institution. Please submit your completed application to your manager for consideration.

, ,				
I wish to be considered for (please tick):	One contribution increment Two contribution increments Three contribution increments			
confirm that I meet the eligibility criteria set out below:				
<ul> <li>I am an un-established research member of</li> <li>Receiving the above increment(s) will not ta my grade</li> <li>Including the increment(s) above, I will not hincrements in a 12 month period</li> </ul> Please set out in full below the reasons for yo	ake me above the maximum contribution point for nave received more than three contribution			
,	<u> принамен.</u>			

Signature (applicant)	
Date	
Full name	
Job title	
Institution	

### Appendix 1: COVID-19 IMPACT ASSESSMENT FORM

We recognise that the COVID-19 pandemic had a significant impact on the HEI sector and many research and teaching staff will have faced difficulties in carrying out their usual duties. We therefore welcome a voluntary statement detailing the impact on your current or future work.

Please complete the attached form and submit it to your line manager as part of your application if you believe that COVID-19 has affected your contribution over the last 12 months.

This will be taken into account as part of the review process.



## HR/37 Proposal for Contribution Increment(s) for Research staff

### Part 2: To be completed by the immediate manager

Contribution increments are awarded to recognise outstandingly good work achieved by the member of staff in comparison with others of the same grade, for which some additional recompense is appropriate; or on the basis of the need to retain the specialist skills possessed by a particular member of staff who would otherwise be likely to seek a more highly paid appointment elsewhere where a recruitment incentive payment cannot be awarded.

Institution	
Full name of staff member	
Job title of staff member	
Date started in this position	
CHRIS personal reference number - Mandatory	
Current grade and salary scale point	<u> </u>
Number of contribution increments proposed	One  Two Three
Confirmation funding available to meet the cost	Yes ☐ (tick to confirm)
Funding code (for post funded entirely or partly from non-UEF/Chest income) if different to current code	
Please provide reasons for proposal (commenting on out specialist skills) and, where applicable, an explanation of	
	(Continue on another sheet if necessary)

Please provide justification for backdating to previous term (if applicable)
Comments by the immediate manager where the case is not supported
COVID-19 (if relevant)
Having considered the voluntary statement of the applicant in the light of wider University advice (https://www.recruitment.admin.cam.ac.uk/files/uoc_covid_impact_statement_institution_guidance_final.pdf) I would make the following comments:

Comment by the Head of Institution (or nominated deputy) where the case is not supported.				
Signature (immediate manager)	I	Date		
Full name and position				
Signature (Head of Institution or nominated deputy)		Date		
Name and email address of the individual who should receive a copy of the outcome letter for the employee file (Departmental Administrator or equivalent) - Mandatory				

## **COVID-19 IMPACT ASSESSMENT FORM**

# **Voluntary Statement**

Name:	Faculty/Department:			
research and teaching staff will h	pandemic has had a significant impact on the HEI sector and ave faced difficulties in carrying out their usual duties. We tailing the impact on your current or future work.			
opportunities to travel abroad to disas a result of caring responsibilities	nd other resources due to building closures, access to primary seeminate research or other circumstances. It may also include as for children and/or other dependants, mental health issues or this period, or other disability related impacts.	impacts		
your case for promotion. You may	aken into account by the relevant promotions panel when ever include reference to personal matters which have affected year requirement to do so, nor are you required to disclose if y	our work		
All applicants for the Research this form.	cher Contribution Increment Scheme are invited to co	mplete		
Please set out below details of the impact of the COVID-19 pandemic on your achievements and/or ability to carry out your usual duties during this time and your assessment of the cumulative impact on your future work. This statement should not exceed 1,000 words.				
Signed:	Date:			

