

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

Part 1: To be completed by the 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 | <input type="checkbox"/> |
| Two contribution increments | <input type="checkbox"/> |
| Three contribution increments | <input type="checkbox"/> |

I confirm that I meet the eligibility criteria set out below: ☐

- I am an un-established research member of staff;
- Receiving the above increment(s) will not take me above the maximum contribution point for my grade;
- Including the increment(s) above, I will not have received more than three contribution increments in a 12-month period.

Please set out in full below the reasons for your application

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|-----------------------|--|
| 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 2a: 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 the applicant | |
| Job title of the applicant | |
| Date started in this position | |
| CHRIS personal reference number – Mandatory | |
| Current grade and salary scale point | |
| Number of contribution increments proposed | One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> |
| Confirmation funding available to meet the cost | Yes <input type="checkbox"/> (tick to confirm) |
| Funding code (if different to the current code) | |
| Please provide justification for backdating to the previous term (if applicable) | |

| | |
|---|--|
| Signature (immediate manager) | |
| Full name and position | |
| Date | |
| Please complete the reasons for the proposal in Part 2b on the next page | |

Part 3: To be completed by the Head of the Institution or a nominated deputy

| | | |
|--|------------------------------|-----------------------------|
| This case is supported by the Institution | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If not supported, provide a comment: | | |
| | | |
| Signature | | |
| Full name and position | | |
| Date | | |
| Name and email address of the individual who should receive a copy of the outcome letter (Departmental Administrator or equivalent) | | |

Part 2b: To be completed by the immediate manager

Please provide reasons for the proposal (e.g. commenting on outstanding performance and/or the need to retain specialist skills) and, where applicable, an explanation of why more than one increment is proposed.

(Continue on another sheet if necessary)

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](#) I would make the following comments:

Appendix 1

COVID-19 IMPACT ASSESSMENT FORM

Voluntary Statement

Name: _____ Faculty/Department: _____

We recognise that the COVID-19 pandemic has 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.

This can include access to labs and other resources due to building closures, access to primary data or opportunities to travel abroad to disseminate research or other circumstances. It may also include impacts as a result of caring responsibilities for children and/or other dependants, mental health issues such as heightened stress and anxiety over this period, or other disability related impacts.

This voluntary statement will be taken into account by the relevant promotions panel when evaluating your case for promotion. You may include reference to personal matters which have affected your work if you wish; however, there is no requirement to do so, nor are you required to disclose if you were furloughed.

All applicants for the Researcher Contribution Increment Scheme are invited to complete this form.

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: _____

