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| **2025 Staff Bonus Scheme**  **Additional Increment Nomination Form** | | | |
| **Guidance** | | | |
| For this type of award, the employee’s contribution should demonstrate the longer-term impact of exceptional performance, at a level that is above the usual role requirements or expectations, sustained for longer than one year and reasonably expected to continue on an ongoing basis at the same level. This form should be completed with reference to the 202~~5~~ Staff Bonus Guidelines. | | | |
| **Section 1: Nomination Detail** | | | |
| Please indicate the nature of the nomination by ticking the appropriate box: | | | |
| Employee self-nomination |  | Manager nomination |  |
| **If Manager Nomination**  Is the employee aware they are being nominated for this award (please tick box)? **Yes**  **No** | | | |

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| **Section 2: Nominee Details** | | | | | | |
| **Employee Group** (please tick box): **Academic**  **or Professional Services** | | | | | | |
| **Employee Number** | **Surname** | **First Name** | | **Job Title** | | **Grade** |
|  |  |  | |  | |  |
| **Contract FTE** | **Salary** | **Spinal Column Point** | | **Faculty /School/ Institute/** | | **Department** |
|  |  |  | |  | |  |
| **Section 3: Nomination Case** | | | | | | |
| Please indicate the number of additional increments for which you would like yourself/the nominee to be considered (please tick the box to the right of the applicable statement).  Note that only in exceptional cases will more than one additional increment be awarded. | | | **One additional increment** | | **Two additional increments** | |
| **Section 4: Evidence of Contribution** | | | | | | |
| An additional pay increment (for those in the automatic incremental zone), or an increment into/within the contribution zone (for those no longer receiving automatic pay increments), may be considered where there is evidence of the longer-term impact of exceptional performance, at a level that is above the usual role requirements or expectations, sustained for longer than one year and reasonably expected to continue on an ongoing basis.  **Evidence should not exceed one page.** | | | | | | |

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| **Section 5: Nomination Verification – by Employee (only if self-nomination) and/or Manager** | | | | |
| I confirm that the detail provided above is factually accurate. I confirm that the nominee has completed all the mandatory training required for their role. | | | | |
| **Employee (if self-nomination)** | | | | |
| Name: | Signature: | | Date (dd/mm/yyyy): | |
| **Section 6. Manager (for all applications)** | | | | |
| Name: | Signature: | | Date (dd/mm/yyyy): | |
| If this is a self-nomination submitted by an employee and you, as their manager, do not support the nomination, please provide the reasons below (you will also need to notify the employee of these reasons and confirm they still wish their application to progress to the panel). | | | | |
| **Reasons:** | | | | |
| **Section 7. Head of School / Institute Director / Professional Services Director /FDO Verification** | | | | |
| Please tick the boxes below if you are in support of this nomination. If you do not support the application, you will need to provide reasons. | | | | |
| I agree that the above information regarding the employee’s contribution is factually accurate.  I support the nomination as I believe the employee’s contribution is over and above the normal expectations for their role and is expected to continue at this level (please provide reasons below). | | | | |
| **Reasons:** | | | | |
| I do not fully agree that the above information regarding the employee’s contribution is factually accurate and/or I do not believe the employee’s contribution is over and above the normal expectations for their role (please provide reasons below). | | | |  |
| **Reasons:** | | | | |
| Name: | Signature: | Date (dd/mm/yyyy): | | |