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| **2025 Staff Bonus Scheme**  **One Off Bonus Nomination Form** | | | | | | | | | | | | | | |
| **Guidance** | | | | | | | | | | | | | | |
| For this type of award, an employee’s exceptional contribution will normally be in respect of a one-off situation, activity or project in line with the criteria in section 3. This form should be completed with reference to the 2025 Staff Bonus Guidelines | | | | | | | | | | | | | | |
| **Section 1: Nomination Detail** | | | | | | | | | | | | | | |
| Please indicate the nature of the nomination by ticking the appropriate box (to the right of the nomination type). | | | | | | | | | | | | | | |
| Employee self-nomination |  | | | Team self-nomination | |  | Manager individual employee nomination | | |  | | Manager team nomination | |  |
| **If Manager Nomination**  Is the employee aware they are being nominated for this award (please tick box)? **Yes**  **No** | | | | | | | | | | | | | | |
| **Section 2: Nominee Details** | | | | | | | | | | | | | | |
| **Employee Group** (please tick box): **Academic/Research**  **or Professional/Technical/Operational** | | | | | | | | | | | | | | |
| **Faculty /PS Group** | | |  | | | | | **School/Department** | | |  | | | |
| **Employee Number** | | **Surname** | | | **First Name** | | | | **Job Title** | | | | **Grade** | |
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| **Section 3 : Evidence of Contribution** | | | | | | | | | | | | | | |
| For a bonus application to be successful, it must demonstrate that the contribution meets the following criteria:   * Evidence of how the contribution is in line with the Values: Inclusive, Proud, Ambitious, Collegial and Ethical. Please click on this link for further details on the [values in action](https://www.qmul.ac.uk/media/hr/organisational-amp-professional-development/documents/Our-Values-in-action.pdf) * Evidence of what the contribution has delivered against at least one of the following criteria: * Substantially exceeding role requirements to complete a one-off or time limited task or service for customers or colleagues * Achievement of particularly challenging goals or objectives by individuals or teams overcoming significant obstacles to ensure targets are met * Demonstration of exceptional flexibility by individuals or teams which contributed directly to the achievement of objectives * Development and delivery of innovative or creative new solutions that are impactful * Exceptional personal responsibility/impact either as an individual or by a team as an example of good citizenship, inclusivity, or environmental sustainability * Delivery of work output(s), project(s) or initiative(s) that impacts beyond the usual scope of their role/grade or their area of responsibility * Evidence of the impact of what has been delivered, in line with one or more of the following measures: * Improvements in services to customers and or achievement of objectives in challenging circumstances * Positive feedback from customers and / or peers * Achievement of objectives in challenging circumstances   + Legacy of initiative or contribution or cross-functional collaboration will be greater than one year   + Demonstrable reduction in wastage or efficiency gains   + Number of staff or students supported or benefiting from the activity   + Financial savings or income generation   + Risk mitigation accomplished   + Scale and significance of activity is beyond usual area of responsibility   + Duration of contribution e.g., 3+ months   + Extent/scale of cross-organisation/team working with other parts of the organisation   + Long-term upskilling of team that has an impact on future ways of working/projects   **Evidence should not exceed one page** | | | | | | | | | | | | | | |

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| **Section 4: 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(s) has/have completed all the mandatory training required for their role. | | | | |
| **Employee (if self-nomination)** | | | | |
| Name: | Signature: | | Date (dd/mm/yyyy): | |
| **Section 5. Manager (for all applications)** | | | | |
| Name: | Signature: | | Date (dd/mm/yyyy): | |
| If this is a self-nomination submitted by an employee/team and you, as their manager, do not support the nomination, please provide the reasons below (and you will also need to notify the employee(s) of these reasons and confirm their application will not progress to the panel). | | | | |
| **Reasons:** | | | | |
| **Section 6. 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, please provide reasons (and you will also need to notify the employee(s) of the reasons and confirm their application will not progress to the panel). | | | | |
| I agree that the above information regarding the employee’s/team’s contribution is factually accurate.  I support the nomination as I believe the employee’s/team’s contribution is over and above the normal expectations (please provide reasons below). | | | | |
| **Reasons:** | | | | |
| I do not fully agree that the above information regarding the employee’s/team’s contribution is factually accurate and/or I do not believe the employee’s/team’s contribution is over and above the normal expectations (please provide reasons below). | | | |  |
| **Reasons:** | | | | |
| Name: | Signature: | Date (dd/mm/yyyy): | | |