# Pay Changes Business Case Template Form: Regrades/Retention/Market supplements, Acting/Additional responsibilities, Overtime, other payments

This form should be uploaded to iGrasp in order to proceed through the authorization process.

Please refer to the [Faculty of Medicine and Dentistry Recruitment Process Guidance](file:///C%3A/Users/Work/Desktop/example%20link) to assist in the completion of this form.

## General Information

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| iGrasp Reference | Click or tap here to enter text. |

Please select the change this form is applicable to: Choose an item.

**Please complete the relevant section.**

## Regrade request

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| **Name of the proposed recipient** | Click or tap here to enter text. |
| **Old grade** | Choose an item. |
| **Please confirm that the revised Job Profile (JP) has been sent along with this form:**[ ]  I have provided the revised job profile |
| **Please use the field below to specify the grading decision and outline the rationale of the business case presented for regrading:** Click or tap here to enter text. |

Market and Retention Supplement

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| **Name of the proposed recipient** | Click or tap here to enter text. |
| **Proposed supplement amount** | Click or tap here to enter text. |
| **Please outline the evidence for recruitment and retention difficulties:***For example:** *The number of times the position has been advertised, including dates of adverts*
* *The number of responses to job advertisements / quality of applicants*
* *Lack of success of alternative sources of recruitment/attraction into the role*
* *Turnover rates in the particular role/academic discipline / exit interview data*
 |
| **Please list all other measures which have been explored:***For example:** *Changes to organisational structure / job design*
* *Changes to working arrangements, e.g. remote or agile working*
* *Other ways of resourcing / delivering the service other than via an in-house workforce?*
* *Other recruitment / retention initiatives*
 |
| **Please provide market data supportive of the business case:***For example:** *Salary data from professional salary surveys / external reward consultants*
* *Advertisements and job descriptions from at least two similar positions in comparable organisations at the same level of seniority / accountability (please provide copies)*
* *Job offers made to existing employees (please provide evidence)*
 |
| **Has the EDI impact been considered and how do you intend to deal with any issues?***For example:** *Salaries currently being paid to those in the same/similar role or academic discipline*
* *Equal pay analysis and overall impact on the gender/ethnicity pay gaps*
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| **What steps are being taken to address the issue of recruitment and retention on a longer term basis, in order to mitigate the need for pay supplements in future?**Click or tap here to enter text. |

Acting up and Responsibility allowance

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| **Name of the proposed recipient** | Click or tap here to enter text. |
| **Current grade** | Choose an item. |
| **Current grade spinal point** | Click or tap here to enter text. |
| **Current salary** | Click or tap here to enter text. |
| **The Faculty policy is to advertise internally opportunities to act-up or to take on additional responsibilities. In the field below please outline the rationale behind making an exception to this policy with a specific reference to equality considerations.**  Click or tap here to enter text. |
| **Please specify why the allowance is necessary:*** *Who is absent and for what reason?*
* *What extra duties have materialised?*
* *Who was responsible for the duties previously and why are they no longer able to do so?*
 |
| **Please specify who is covering the work of the individual acting-up:*** *Is the situation a result of increase in the volume of work or duties and responsibilities?*
 |
| **Please specify roughly what proportion of current duties or posts is to be carried out:**[ ]  100%[ ]  75%[ ]  50%[ ]  25% |
| **Name of the substantive post holder** | Click or tap here to enter text. |
| **Their current grade** | Choose an item. |
| **Their current grade spinal point** | Click or tap here to enter text. |
| **Their current salary** | Click or tap here to enter text. |
| **Starting date of the allowance** | Click or tap to enter a date. |
| **Proposed end date of the allowance** | Click or tap to enter a date. |

Overtime and other payments
*(This section should be used for all other payments such as APAs , amendments to FTE)*

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| **Please outline the business case below:***Please note that in cases where overtime is requested it can only be paid in line with Terms & Conditions of Employment.* *Please ensure to include information on the number of hours and the working pattern.*  |

# Approval

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| Signature of Manager:*(Please insert digital signature)* | Signature of Director/FDO Manager:*(Please insert digital signature)* |
| Name: Click or tap here to enter text.  | Name: Click or tap here to enter text.  |
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