# 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:/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* | |
| **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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