**UCL HUMAN RESOURCES DIVISION**



**Request Forms for accelerated increments or award of contribution points**

Please note that you should obtain financial approval before submitting a change request form in Department Transactions in MyHR.

|  |  |
| --- | --- |
| **Name of post holder** |  |
| **Employee Number** |  |
| **Department** |  |
| **Title of post**  |  |

|  |
| --- |
| **Confirm the type of award** contribution point **[ ]** accelerated increment  **[ ]**  |

|  |
| --- |
| **Number of additional increment points to be awarded** 1 **[ ]** 2  **[ ]**  |

|  |  |
| --- | --- |
| **Date of the award**  |  |

|  |  |
| --- | --- |
| **Date of last Appraisal** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Grade and spine point**  |  | **New spine point**  |  |
| **Current salary\_\_\_\_FTE** |  | **New salary** |  |

|  |
| --- |
| Was performance at last appraisal considered outstanding and has this level of performance been maintained over a period of at least 6 months? Yes **[ ]** No  **[ ]**  |

|  |
| --- |
| Evidence of achieving objectives listed in Section B of appraisal form attached? If No, please attach evidence of why additional increment(s)/contribution point(s) should be awarded. Yes **[ ]** No  **[ ]**  |

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| **To be completed and signed by the Head of Academic Department / head of team (or Postholder if ‘Direct Route’)**Please state grounds for request in relation to the criteria:Name: Date: Signature |

|  |
| --- |
| **Approval of Dean and Director of Operations, or Professional Services Director**  |
|  [ ]  I approve this request as it meets the criteria for award and has included evidence of formal appraisal. (If 2 increments are approved state why this case is very exceptional – as per policy guidance.) [ ]  I reject this request as it does not meet the criteria for award.Name: Date: Signature: |

### PLEASE NOTE APPROVALS MUST BE OBTAINED

### Request Approved by Finance:

|  |  |
| --- | --- |
| **Cost code** |  |

|  |  |  |
| --- | --- | --- |
| Name |  | Signature |
| Date |  |

### HR USE ONLY:

### Request Processed by HR Services

|  |  |  |
| --- | --- | --- |
| Name |  | Signature |
| Date |  |

### Request Processed by Payroll

|  |  |  |
| --- | --- | --- |
| Name |  | Signature |
| Date |  |
| Comments  |  |

**Form Updated: November 22**