

BUSINESS CASE FOR MARKET SUPPLEMENT APPLICATION

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- This form is online and it is not intended that it is printed - it can be emailed and signed electronically (see guidance at the end of this form*).
- Text boxes have a character limit - you can write more but it will not be visible if you choose to print it.

(This form should be completed by the relevant School/Department/Section in conjunction with the Human Resources Manager in cases where a market supplement for recruitment or retention purposes is to be considered).

APPLICANT DETAILS

Job Role: (enclose relevant job description and person specification):

Department/School/Section:

INVESTIGATE RECRUITMENT AND /OR RETENTION PROBLEMS (STAGE 1)

Details of the recruitment or retention problems encountered or evidence that market pay is the main barrier to recruitment or retention.

GATHERING / ANALYSING THE MARKET DATA (STAGE 2)

Evidence of the market pay data for the post from a comparable Higher Education Institution and at least two other relevant sources agreed with Human Resources.



FORMAL REQUEST FOR A MARKET SUPPLEMENT (STAGE 3)

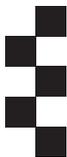
The recommended value of the supplement to be awarded based on findings and analysis from stages 1 and 2.

Assessment of the impact on equality issues.

PERFORMANCE INFORMATION FOR REVIEW PURPOSES (STAGE 5)

List of documents enclosed to evidence performance:

e.g. research plans and reports, appraisals, probation documents, objectives, annual review applications etc.



HEAD OF SCHOOL / DEPARTMENT / SECTION

Date: Name: Signature:

[Date input box]

[Name input box]

EXECUTIVE DEAN / REGISTRAR AND SECRETARY

Date: Name: Signature:

[Date input box]

[Name input box]

RECOMMENDATION TO DEPUTY VICE CHANCELLOR (for completion by Human Resources)

Any additional information requested (e.g. salary benchmarking, labour market forces, external industry experts, performance data):

[Large empty text box for additional information]

- A supplement **HAS** been recommended
- A supplement **HAS NOT** been recommended

DIRECTOR OF HR

Date: Name: Signature:

[Date input box]

[Name input box]

APPROVED BY DEPUTY VICE-CHANCELLOR

Date: Name: Signature:

[Date input box]

[Name input box]

RETURN OF FORM

ALL COMPLETED FORMS SHOULD BE EMAILED TO [HR](#) WITH A COPY TO YOUR LINE MANAGER.

* To sign the form, click "fill and sign" and then "sign". Signatures can be done in three ways: typing your name, writing your signature using your mouse, uploading a JPEG image of your signature. Once signed, the form cannot be amended - this is to protect the form.

Before you print: remember, this form is not intended to be printed. If any text boxes contain more text than the character limit, this will not be visible when printed.