This form should be completed by the Head of School/Unit where a recruitment or retention premium is to be extended. It will form an ongoing record of the investigations and the rationale for the decision.

|  |  |
| --- | --- |
| **School/Unit** |  |
| **Role title** |  |
| **Role grade** |  |
| **Name of current role holder** |  |

|  |
| --- |
| **Market premium history (to be completed by Head of School/Unit)** |
| When was this post awarded a recruitment or retention premium? |  |
| What was the reason for the award of this premium? |  |
| What is the current premium? |  |

|  |
| --- |
| **Updated market data (to be completed by Head of School/Unit)** |
| Please complete the market pay summary below quoting at least 2 sources of recent data. (The Senior Role Analyst can assist with this process if required - sg43@/ext 1650). Where possible, further particulars/job descriptions should be attached.  |
| **Updated Market Pay Summary** |
| **Market data source** | **Job title/location** | **Pay and benefits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| What is the average market pay rate for the post? |  |
| What is the difference between the average market rate and the current employee’s rate of pay or (if the post is to become vacant), the University’s normal pay rate\* for the job? (\*the first point of the grade)  |  |
| Has the additional payment had an impact on the recruitment/retention rates for the post?  | Yes [ ]  | No [ ]  |
| **If yes, please provide evidence to enable comparison with the original application e.g. reduction in turnover in the role, retention of previous employee, better candidate pools when recruiting.** |
| **Why do you wish to retain the supplement?** |
| What is the duration of the extended premium payment (up to 2 years)?  |  |

**Head of School/Unit (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit to the Senior Role Analyst, Human Resources.**

|  |
| --- |
| **Awarded premium (to be completed by Human Resources)** |
| A continuing premium has been approved  | Yes [ ]  | No [ ]  |
| Total sum approved  | £ |
| Period over which premium is to be paid | X months |
| Monthly supplement | £ |
| Approved by WPG [DATE] | DD/MM/YYYY |