**RECRUITMENT OR RETENTION PAYMENT (TYPE2)**

**Business case for a Type 2 Recruitment or Retention Payment**

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| **CASE DETAILS** | | | | | | | | | |
| Employee Name: | Click or tap here to enter text. | | | | | | | | |
| ResID: | Click or tap here to enter text. | | | | | | | | |
| Job title: | Click or tap here to enter text. | | | | | | | | |
| School/Division: | Click or tap here to enter text. | | | | | | | | |
| Faculty: | Choose an item. | | | | | | | | |
| Current Grade/  Salary: | Grade | Choose an item. | | Range  For Grade M Professorial and Professional Services staff only | Choose an item. | | FTE Salary  *(excluding allowances)* | | Click or tap here to enter text. |
| Please indicate which of the following allowances are currently being paid: | | | | | | | | | |
| Current allowances | Choose an item. | | | | | Amount (FTE): | | £Click or tap here to enter text. | |
| Current allowances | Choose an item. | | | | | Amount (FTE): | | £Click or tap here to enter text. | |
| Current allowances | Choose an item. | | | | | Amount (FTE): | | £Click or tap here to enter text. | |
| Total consolidated (FTE) remuneration: | | | £Click or tap here to enter text. | | | | | | |
| Proposed RR2 Supplement: | | | Please indicate the proposed value of supplement being requested (FTE amount): £Click or tap here to enter text. | | | | | | |
| **NEW TOTAL CONSOLIDATED (FTE) REMUNERATION:** | | | **£Click or tap here to enter text.** | | | | | | |
| Effective date: | Click or tap here to enter text. | | | | | | | | |

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| **Enclosures & attachments checklist (if applicable)** | | | | |
| Job Description/CV of the recipient/potential recipient | |  | | |
| Copy of evidence to support level of supplement , including any tangible offers(where applicable) | |  | | |
| **Supporting comments** | | | | |
| **Head of School/School Manager/Divisional Manager’s rationale for the request and any further information to be considered (please add additional sheets if necessary)**  This may include details of the individual’s current salary and, where applicable, offers made to the individual by other institutions, the perceived strategic or significant operational value to the organisation of the individual; the consequences of NOT recruiting/retaining the individual; the level of recruitment/retention supplement being requested; any potential knock-on consequences within the Faculty of Division of paying any such supplement | | | | |
| 1. **Defining and demonstrating Uniqueness** | | | | |
| **If a new member of staff rather than existing:** | | | | |
| Define the unique skill and experience this person will bring to the University | | | | |
| Click or tap here to enter text. | | | | |
| Are these unique skills needed for the current role or for future strategic requirements. | | | | |
| If for future, please outline the process by which the University will ensure the skills are going to be used going forward | | | | |
| Click or tap here to enter text. | | | | |
| Can this Unique skill/experience be found inside our organisation. | | | Yes  No | |
| **If yes,** please confirm why an RR2 payment is required. | | | | |
| Click or tap here to enter text. | | | | |
| **If no**, please provide evidence to support this including what steps you took to establish there was no existing expertise | | | | |
| Click or tap here to enter text. | | | | |
| Why do we need this unique skill/experience? What strategic outcomes will the Unique skill/experience drive?  *For example, AN Other is an exceptional candidate whose UNIQUE skill/experience we need to secure as to not do so would have the following impact on our Strategy XXXX* | | | | |
| Click or tap here to enter text. | | | | |
| **If a current member of staff:** | | | | |
| Define the Unique skill and experience the member of staff has  OR  Define the criticality of this person in terms of delivering the Strategy | | | | |
| Click or tap here to enter text. | | | | |
| 1. **Reward Considerations** | | | | |
| Has the individual provided evidence that because of market considerations, they are already on a higher salary at their current organisation / are considering offers from other organisations at a higher level? (See tangible evidence of offer under Enclosure and attachments) | | | | Yes  N/A  *If yes, please provide evidence* |
| Is a market analysis needed for this role? | | | | Yes  No |
| If Yes, did it show a market differential was needed? If so please raise an RR1  If No, please discuss with HRBP and Confirm that this is an RR2 for Uniqueness and not a market driven supplement, RR1 (i.e., the RR2 should not be compensation for doing the “regular” job) | | | | |
| Have you considered any other Reward options (promotion/ Grade M review) | | | | Yes  No |
| If yes, why are they not suitable?  If no, please discuss with your HRBP | Click or tap here to enter text. | | | |
| 1. **Monitoring and Review of RR2** | | | | |
| What are the key outputs expected from the individual because of their Uniqueness?  *For example: evidence of Strategic improvements*  *evidence of teaching excellence*  *evidence of strong 3\* and 4\* publication record*  *evidence of high-quality research with impact, including impact case studies*  *evidence of success in bids for research grants value to be within x band of income within x time*  *evidence of excellent citizenship and significant leadership or management contributions* | | | | |
| Click or tap here to enter text. | | | | |
| How will you ensure these outputs are measured | | | | |
| Click or tap here to enter text. | | | | |
| If required, how will ‘uniqueness’ skills be transferred to others at the University? | | | | |
| Click or tap here to enter text. | | | | |

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| **Impact on gender pay/Ethnicity pay/equality issues** | | | | |
| Have you assessed the impact on equality and diversity within School/Division/Section. | | | Yes  No | |
| Does the RR2 have a positive, negative, or neutral impact on the diversity pay profile for staff? | | | positive  negative  neutral | |
| Please provide evidence that you considered diversity when determining who is to be considered for an RR2?  *E.g., For others in similar role are you able to evidence that the difference in pay (or other contractual terms) must be due to a material factor which does not discriminate either directly or indirectly because of sex.* | | | Yes  No | |
| ***Note:*** *As an institution, we need to ensure Pay equality and will need to provide evidence that staff in a similar role are paid less because of a genuine material factor and not because of sex. At UoB we also require evidence to show that are not paid less because of any ethnicity or disability. You must also be cognisant of any potential ‘bias’ reason for rejecting RR2.* | | | | |
| **Please give details of any criteria that need to be stated in the contract of employment (or confirmatory letter if agreed later than start date of contract).**  This may include – *will be paid until role holder is progresses to £x, or until 20XX, or in accordance with performance expectations* | | | | |
| Click or tap here to enter text. | | | | |
| **Name of individual completing form**: | Click or tap here to enter text. | Date: | | Click or tap here to enter text. |
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| FOR RECRUITMENT & RETENTION PAYMENTS **UP TO £15,000** | | | | |
| **Dean/Faculty Manager/Divisional Head’s comments (please add additional sheets as necessary)** | | | | |
| Click or tap here to enter text. | | | | |
| **Name of Dean/Faculty Manager/Divisional Head completing form**: | Click or tap here to enter text. | Date: | | Click or tap here to enter text. |

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| FOR RECRUITMENT & RETENTION PAYMENTS **OVER £15,000** | | | |
| **Senior Level Committee comments (please add additional sheets as necessary)** | | | |
| Click or tap here to enter text. | | | |
| **Name of SLC completing form**: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

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| **FACULTY/DIVISION OR SENIOR LEVEL COMMITTEE DECISION**  **Please ensure that ALL sections are completed fully.**  Please note: This case form will be returned to the HoHRBP if further information or clarification is required before the Hub are able to proceed. | | | | |
| Has the case been agreed? | Yes, as proposed  Yes, with amendments  No | | | |
| **IF AGREED/ACTIONS FOR HUB** | | | | |
| Please confirm value agreed: | FTE RR2 amount | £Click or tap here to enter text. | Pro-rata’d amount  (if individual works part-time) | £Click or tap here to enter text. |
| Will this RR2 erode (decrease)? | Yes  No | | | |
| If this RR2 will erode (decrease), please confirm to what | RR2 to erode to spinal point: Click or tap here to enter text.  OR  RR2 to erode to a specific amount: £Click or tap here to enter text. | | | |
| If the RR2 is to decrease please state when and how |  | | | |
| Please confirm when this RR2 will be reviewed: (note that the review must take place within 3 years max) | Annually locally  OR  In Click or tap here to enter text. years  OR  On promotion to Click or tap here to enter text. spine point/grade  OR  Movement within Grade M to range Click or tap here to enter text.  OR  To cease on promotion to Choose an item. | | | |
| Please confirm start date: | Click or tap here to enter text. | | | |
| Please confirm end date (if applicable): | Click or tap here to enter text. | | | |
| Please confirm the agreed review date: | Click or tap here to enter text. | | | |
| Please confirm specific conditions to be included in the Contract of Employment: | R&R subject to the pay award  R&R not subject to the pay award  R&R Review period/date  Whether R&R will erode and to what level/spinal point and when  Whether R&R will cease upon promotion – and to what level | | | |
| **IF NOT AGREED OR AMENDED FROM ORIGINAL PROPOSAL** | | | | |
| **Please provide the rationale for rejecting/amending the case** | | | | |
| Click or tap here to enter text. | | | | |