

Accelerated Increments and Contribution Points Form

Please ensure that **all sections of this form are completed** before submission to the Director of Human Resources on hrpstaff@aber.ac.uk .

Please ensure you have read the guidance notes and process for application on <http://www.aber.ac.uk/en/hr/reward-and-recognition/contribution/> before completing this form.

Employee name:	
Job Title:	
Department:	
Current Grade and Scale Point:	
Number of contribution points / increments requested (please tick as appropriate). Please note that 2 increments will only be awarded when there is evidence that there are exceptional circumstances)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Date proposal for contribution points/ accelerated increments sent to Director of HR:	
<p>Rationale for increase in contribution points/accelerated increments: to be completed by EITHER the employee or the Head of Department</p> <p><i><u>NB. A maximum of one additional A4 sheet may be used if necessary</u></i></p> <p>Applications will be assessed against the following criteria:</p>	Please submit evidence to support each criteria:
<p><i>1. All objectives, as identified in the employee’s annual staff development and performance review, have been delivered to a consistently high or exceptional standard and at least 2 objectives have been exceeded in terms of the expected delivery and timescale.</i></p>	
<p><i>2. The employee has made a sustained excellent contribution and consistently exceeded all the principal requirements associated with the role.</i></p>	
<p><i>3. The quality or quantity of work is evidenced as outstanding and the performance is at the very top of what is expected within the role.</i></p>	

4. <i>The individual is proactive in enhancing his/her knowledge/skills through appropriate learning opportunities; and applies these newly acquired skills and knowledge within their role and shares these with peers.</i>	
5. <i>The individual is recognised as an outstanding performer and as a role model by management and peers.</i>	
<p>Statement by Employee <u>or</u> Head of Department in support of the application above.</p> <p><i>NB. A maximum of one additional A4 sheet may be used if necessary</i></p>	
<p>Please indicate if this individual application is part of a team award.</p> <p>Managers to note: Applications can only be submitted for individual members of staff. If the individual has worked as part of a team, on a project for example, please indicate here.</p>	
Institute Director / Head of Department or Head of Professional Services Department Signature	
Name	
Date	
Employee's signature	
Name	
Date	

OFFICE USE ONLY					
<u>Human Resources</u>					
HR Received	Date	Name	
HR Actioned	Date	Name	
Sent to Payroll	Date	Name	