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| **Professional Services Staff Contribution nomination form: Group E only** | | | | | | | | | | |
| Please ensure you have read the **Professional Services Staff Contribution Pay guidelines** before completing this form, available on the Human Resources webpages.    Nomination for recurrent award (increments) or non-recurrent awards for professional services staff within **Group E only** can be made using this form or information can be provided on the salary spreadsheet.  Once complete, please email this form to your [HR Partner](http://www.lse.ac.uk/intranet/staff/humanResources/Whos%20Who/home.aspx) by **17 April 2019** at the latest. | | | | | | | | | |
| Application for: | Recurrent award |  | Non-recurrent award | |  | | Recurrent and non-recurrent award | |  |
| 1. General Information of award recipient | | | | | | | | | |
| Forename: | | | |  | | | | | |
| Surname: | | | |  | | | | | |
| Department: | | | |  | | | | | |
| Position: | | | |  | | | | | |
| 2. Detail of requested contribution award | | | | | | | | | |
| Please specify the number of increments applied for: | | | | | | | |  | |
| New salary point (please ensure that the number of increments does not exceed the maximum contribution step for the candidate’s current salary band): | | | | | | | |  | |
| Please specify amount of non-recurrent award (gross) applied for (e.g. £500): | | | | | | | | £ | |
| For staff funded by research grants only  Has a fund check has been conducted should the above award be approved: YES/NO  Funding code:  Please note that any nominations which do not have the relevant fund check cannot be accepted. | | | | | | | | | |
| 3. Supporting Statement | | | | | | | | | |
| In no more than a paragraph, state the basis for submission, specifying why you feel the post holder should receive the requested award. *This information should be typed:* | | | | | | | | | |
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| Line manager’s name: | | | | | |  | | | |
| Line manager’s job title: | | | | | |  | | | |
| Head of Department/Research Centre Director name: | | | | | |  | | | |
| Head of Department/Research Centre Director electronic signature: | | | | | |  | | | |
| Date: | | | | | |  | | | |