|  |
| --- |
| **Professional Services Staff Contribution nomination form:** **Group E** |
| 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** 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 **6 May 2020** 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): | £ |
| Excellence in Education: Is this contribution award (wholly or partly) for improving education, the student experience or student satisfaction?(Please refer to point 3.5 of the PSSC guidance for further information) | YES/NO |
| For staff funded by research grants onlyHas 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:* |
|  |
| 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: |  |