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| **Professional Services Staff Contribution nomination form**  **(for teams or individuals) in Group E** | | | | |
| Please ensure you have read the Professional Services Staff Contribution Pay guidelines before completing this form. The guidelines are available online [here](https://info.lse.ac.uk/staff/divisions/Human-Resources/Review-reward-and-promotion/Contribution-Pay).    Nominations for professional services staff within **Group E** can be made using this form or the same information can be provided on the salary spreadsheet.  Once complete, please email this form to your [HR Partner](https://info.lse.ac.uk/staff/divisions/Human-Resources/HR-people) by **3 May 2024** at the latest. | | | | |
| 1. General information of award recipient(s) | | | | |
| Name(s) of staff: |  | | | |
| Department/Centre/Institute: |  | | | |
| Position(s): |  | | | |
| 2. Detail of requested contribution award | | | | |
| Non-recurrent award: please specify the amount (gross) applied for (e.g. £500): | | | | £ |
| Recurrent award: please specify how many increments: | | | |  |
| Excellence in Education: Is this contribution award for enhancing education and the student experience over and above their normal role? (Please refer to point 2.9 of the PSSC guidance). If this is selected, the member(s) of staff will also receive an Excellence in Education certificate from the Eden Centre. | | | | Yes  No |
| For staff funded by research grants only: Has a fund check has been conducted should the above award be approved: | | | | Yes  No |
| Please provide the funding code if the award is being paid for from a budget other than the one that pays the staff member's salary: | |  | | |
| 3. Reason for nomination | | | | |
| For a non-recurrent award, please specify the reason for the award (please tick all that apply):  Performed exceptionally across all duties  Rewarding staff for a special achievement  Rewarding staff for having dealt with a challenge or period of operational difficulty in a particularly noteworthy way  Other (please specify):  For a recurrent award, please provide a paragraph on why this award should be approved: | | | | |
| Line manager’s name: | | |  | |
| Line manager’s job title: | | |  | |
| Head of Department/Research Centre/Institute Director name: | | |  | |
| Head of Department/Research Centre/Institute Director electronic signature: | | |  | |
| Date: | | |  | |