



HUMAN RESOURCES APPLICATION FOR SALARY PROGRESSION GENERAL STAFF

Please attach this cover sheet to your application.

By whom is this application initiated? (*tick one*)

Position Occupant

Supervisor

Head of School/Section

This application is based on

Excellent Performance

Additional Duties

Both

SECTION 1 - STAFF DETAILS

Last Name

Given Names

Staff ID Number

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School/Section

Faculty

Extension

Position Title

Position Number

Classification Level

Salary Level

SECTION 2 - REQUIRED ATTACHMENTS

The following documentation is required for the application to be assessed (use tick boxes as a check list).

Additional Duties

- Statement of additional duties (certified by H.O.S./Section)
- Describe how these duties became part of your responsibilities and why they are on-going
- Supervisor's detailed comments
- Additional documentation (*please list*)

Excellent performance

- Performance Development and Appraisal (PDA) within the last 3 months demonstrating outstanding performance and the basis that the application meets the criteria for salary progression under excellent performance. Please attach a copy of Section 2 of the PDA including "Assessment Against Indicators".
- Supervisor's detailed comments
- Additional documentation (*please list*)

**HUMAN RESOURCES
APPLICATION FOR SALARY PROGRESSION
GENERAL STAFF (page 2)**

SECTION 3 - STATEMENT OF ADDITIONAL DUTIES (assessed for salary progression)

Position Number <input style="width: 90%;" type="text"/>	Position Title <input style="width: 95%;" type="text"/>
Occupant of Position <input style="width: 95%;" type="text"/>	Substantive Classification <input style="width: 95%;" type="text"/>
School/Section <input style="width: 95%;" type="text"/>	Faculty <input style="width: 95%;" type="text"/>

List of Additional Duties as at

N.B. Salary Progression Allowances based on these duties are non-transferable to subsequent incumbents of this position, unless he/she is able to demonstrate eligibility as described in page 1, paragraph 1 of this document.

DUTIES	FREQUENCY	%

Certified as correct by Head of School/Section

Signature <input style="width: 95%;" type="text"/>	Date (dd/mm/yy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Name (please print) <input style="width: 95%;" type="text"/>		

**HUMAN RESOURCES
APPLICATION FOR SALARY PROGRESSION
GENERAL STAFF (page 3)**

SECTION 4 - GUIDELINES FOR APPLICATION

1. Please complete all relevant sections of the application form and attach detailed answers to all questions which are relevant to your application. Applications will only be considered where detailed information is provided.
2. The Salary Progression Review Committee will make their recommendation on the basis of the information in the application. The Committee reserves the right to request further information if deemed necessary.
3. Examples of relevant documentation which may be attached include unsolicited letters of thanks or praise.

STAFF MEMBER'S SIGNATURE

Signature Date (dd/mm/yy)
(please print name)

Name (please print)

SUPERVISOR'S SIGNATURE

Supervisor's comments must be provided in detail and should address the grounds of the application and where possible include examples.

I support this application for Salary Progression Yes No

Signature Date (dd/mm/yy)
(please print name)

Name (please print)

HEAD OF SCHOOL/SECTION'S SIGNATURE

The Head of School/Section is also invited to submit additional information.

This application is made on the grounds of Excellent Performance Additional Duties Both

I confirm additional duties/excellent performance as provided in this application Yes No

I confirm PDA has been conducted Yes

I support this application for Salary Progression Yes No

Signature Date (dd/mm/yy)
(please print name)

Name (please print)

**DEAN, CHIEF OPERATING OFFICER, CHIEF INFORMATION OFFICER OR REGISTRAR,
AND EXECUTIVE DIRECTOR CORPORATE SERVICES (as appropriate)**

I wish this application to be assessed on its merits based on the information provided. Yes No

or

I wish to make a submission on this application. Yes No
(If yes, please attach information.)

Signature Date (dd/mm/yy)
(please print name)

Name (please print)