

Section A: Colleague Declaration – Pay Progression Form

To be completed for all Pay Affecting Step Date applications, which must be submitted to your Line Manager [two months] prior to your Pay Affecting Step date. **Information provided needs to be relevant at the Pay Affecting Step Date.**

Name: Job Title:

Band: Pay Affecting Step Date: Assignment Number:

I can confirm that:	
All of my Mandatory Core Skills Framework Training is up-to-date and is recorded as compliant.	*Agree / Disagree
I have achieved a satisfactory appraisal and associated objectives within the past 12 months, insert date of last appraisal in the box opposite	*Agree / Disagree Date: _____
I do not have any live formal disciplinary warnings. If so, please insert expiry date of disciplinary sanction in the box opposite	*Agree / Disagree Date: _____
I am not on a formal stage of the capability process	*Agree / Disagree
Line managers only I am compliant with my staff appraisals at a completion rate of at least 80%	*Agree / Disagree

*Circle as appropriate and insert comments where applicable

Please note any mitigating circumstances that may have prevented you from achieving the criteria in relation to your Pay Progression Step.

Signed: Dated:

Please ensure that you submit this to your Line Manager no less than [two months] prior to the month that your Pay Affecting Step Date is due. Submitting this late may affect pay where Pay Progression is achieved.

NOTE: You are signing a declaration, if the information contained on this form is found to be inaccurate; this could be construed as fraud.

Section B – Line Manager Declaration – Pay Progression Form

*Circle as appropriate and insert comments where applicable

I can confirm that:	
This colleague has met the pay progression criteria of: - All Mandatory Core Skills Framework Training up to date. Satisfactory appraisal (within past 12 months). No live formal disciplinary warnings. Not on formal stage of capability process and will now progress to the next pay affecting step point. OR	*Agree / Disagree Confirm date of last appraisal _____
This colleague has failed to meet the required criteria for Pay Progression but that there are organisational constraints beyond their control that have prevented the achievement of this and will therefore progress to the next pay affecting step point. OR	*Agree / Disagree
This colleague is on long term absence e.g. maternity/paternity/adoption leave; secondment; or on long term sickness absence but they have been assessed on their performance over the 12 months prior to their current period of absence and will progress to the next pay affecting step point. OR	*Agree / Disagree
This colleague has failed to meet the criteria for pay progression and that there are no valid organisational constraints that have prevented this therefore their pay affecting step date is deferred. OR	*Agree / Disagree
Pay bands 8C, 8D and 9 only. The colleague has met the performance criteria for pay progression or retention of re-earnable pay OR	*Agree / Disagree
I am declining the request for pay progression/retention of re-earnable pay and that the colleague should have their pay reduced by 5% or 10%	*Agree / Disagree
I confirm that I have made the colleague aware of this decision and the right of appeal.	*Agree / Disagree / N/A

Name: **Job Title:**

Signed: **Dated:**

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Please ensure you securely retain a copy of this form for future reference and that ESR is updated correctly at the beginning of the month, in the month prior to the Pay Affecting Step Date. See ESR Guidance document on how to do this.