**Salary Variation Form for AfC and Medical & Dental New Employees**

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| In exceptional circumstances it may be necessary for an individual to receive a starting salary above the amount that applying standard processes allows.  If this situation arises the Divisional Director is required to complete this salary assessment, taking account of the role, requirements, and previous experience.  The form should be completed and emailed to your Recruitment Administrator for the specified vacancy.  The Recruitment Team will communicate the outcome once a decision has been made. | |
| **Name of Candidate:** |  |
| **Job Title:** |  |
| **Trac Job Ref:** |  |
| **Department:** |  |

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| **1. ASSESSING THE INDIVIDUAL** | | | | | |
| **Is the candidate an internal/external candidate?** | | **Internal** |  | **External** |  |
|  | ***Please indicate which would be most appropriate option for this salary assessment.*** | | | **Tick One** | |
| 1. Department would like to place a new employee to the Trust on a higher point of the pay scale / band which is higher than their current NHS pay point as verified by an IAT. (An electronic confirmation of previous/current NHS Info) | | |  | |
| 2. Department would like to place a new employee to the Trust on a higher point of the pay scale / band. They have previously worked within the NHS but have had more than a 12-month break and have experience from the Private Sector. | | |  | |
| 3. Department would like a new employee who is currently working in the UK to be on a higher point of the pay scale or band and does not have previous experience working for the NHS. | | |  | |
| 4. Department would like a new employee who has not worked in the UK to be on a higher point of the pay scale or band and does not have previous experience working for the NHS. | | |  | |

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| **2. SALARY** | |
| **Requested Salary**  **(inline with an approved pay point)** | **£** Click or tap here to enter text.**Per annum** |
| **Hours per week** |  |

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| **3. MANDATORY QUESTIONS** |
| **Reason for the new employee to be placed on a higher point of the pay scale / band?**  This should include an assessment of Essential and Desirable criteria |
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| **Does the department have required funding within the budget? *(If YES please indicate where this is from)?*** |
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| **Does the new employee have previous experience commensurate with the person specification to justify a higher point on the pay scale / band? *(If YES please detail this).*** |
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| **Does the salary figure you have offered appear on the Pay and Conditions Circular (M&D) or (AfC)? If NO this request cannot be supported.** |
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| **4. RECRUITMENT EPISODE (please refer to TRAC)** | | | | | | | | | | |
| **How many candidates were interviewed for this post?** | Click or tap here to enter text. | | | | | | | | | |
| **Were there any other appointable candidates?** | **Yes** | | |  | | **No** | | |  | |
| If YES, have you considered appointing an alternative candidate? | **Yes** | | |  | | **No** | | |  | |
| **Did the candidate discuss the salary in the interview?** | **Yes** | | |  | | **No** | | |  | |
| **If the new employee has worked within the NHS, have you reviewed the IAT’s?** (If NO, please speak with Recruitment**)** | **Yes** | | |  | | **No** | | |  | |
| **Have you viewed and approved the references (references must cover a 3-year employment/training history)** | **Yes** | | |  | | **No** | | |  | |
| **Have you reviewed their previous payslips/email confirmation from payroll for the last 6-month period?** You may be asked to evidence this | **Yes** | | |  | | **No** | | |  | |
| **Have they provided any other evidence of a higher salary?** You may be asked to evidence this | **Yes** | | |  | | **No** | | |  | |
| **Does the new employee’s salary need to be backdated?** | **Yes** | | |  | | **No** | | |  | |
| If YES, please provide date the salary is to be commenced from |  |  |  | |  |  |  |  | |  |

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| **If you wish to provide any further details for consideration, please complete this section:** |
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| **5. MANAGEMENT APPROVAL** | | | | | | | | | | |
| **Line Manager Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Please Print Name: |  |  |  |  |  |  |  |  |  |

**Comments: Click or tap here to enter text.**

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| **Divisional Management / Director Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Job title:** |  |  |  |  |  |  |  |  |  |
| Please Print Name: |  |  |  |  |  |  |  |  |  |

**Comments: Click or tap here to enter text.**

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| **6. FINANCE APPROVAL** | | | | | | | | | | |
| **Finance Business Partner Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Please Print Name: |  |  |  |  |  |  |  |  |  |

**Comments: Click or tap here to enter text.**

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| **7. HR Approval** | | | | | | | | | | |
| **HR Business Partner Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Please Print Name: |  |  |  |  |  |  |  |  |  |

**Comments: Click or tap here to enter text.**

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| **8. Establishment & Pay Control Panel APPROVAL** | | | | | | | | | | |
| **Authorised EPC Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Please Print Name: |  |  |  |  |  |  |  |  |  |

**Comments: Click or tap here to enter text.**