# **Appendix 3 – Application to be paid on UPR**

|  |  |
| --- | --- |
| **Name:** | **Job Title:** |
|  |  |
| **School:** | **Date of Application:** |
|  |  |
| **Current pay point:** | **Date of last application (if applicable):** |
|  |  |

|  |  |
| --- | --- |
| **Years covered by appraisal review statements:** | |
|  | |
| **School/s covered by appraisal review statements:** | |
|  | |
| **Summary of application to progress to UPR:**  *please ensure you detail with evidence the ways in**which you meet the criteria set out in the STPCD and how those are defined in the Pay Policy (section 18) You will reference here evidence gathered and presented through the appraisal process.* | |
|  | |
| *(continue on additional sheets if necessary)* | |
|  | |
| **Declaration**  I confirm that at the date of this application I meet the eligibility criteria and I submit the appraisal (and brief supporting evidence as appropriate). | |
| **Signed** (applicant): | **Date**: |

# **Appendix 5 – Pay Progression Recommendation/Outcome Form**

|  |  |
| --- | --- |
| **Name of member of staff:** |  |
| **Appraiser:** |  |
| **Date:** |  |

**Performance Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agreed appraisal objectives** | **Objective met** | **Progress toward objective** | **Objective not met** | **Objectives exceeded** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

**Recommendation on Pay Progression**

|  |  |  |
| --- | --- | --- |
| *This recommendation is made with regard to the results of the most recent appraisal/* | | |
| **I recommend salary progression of 1 point** |  | |
| **I don’t not recommend salary progression for the following reasons** |  | |
| **I recommend accelerated salary progression of 2 points for the following reasons** |  | |
| **Appraisee** | **Signature** |  |
| **Date** |  |
| **Appraiser** | **Signature** |  |
| **Date** |  |
| **Headteacher (if not appraiser)** | **Signature** |  |
| **Date** |  |

# **Appendix 10 - Annual Statement of Pay Template**

|  |  |
| --- | --- |
| Academy Name |  |
| Name of Employee |  |
| Details of Salary |  |
| Details of any financial benefits to which the member of staff is entitles |  |
| Details of any safeguarding arrangements if they apply |  |
| Details of any TLE if held  (this must include the following information)   * The value * The nature of the significant responsibility for which it was awarded * A note if the TLR was awarded whilst the teacher occupies another post in the absence of the post holder * The date on which it will come to an end, including, where relevant, any circumstances in which (if occurring earlier than that date, it will come to an end) * For TLR3s, a statement that these will not be safe guarded. |  |