**Pay Step Review Submission Form**

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| --- |
| **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Employee Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date Pay Step Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **Date of Last Appraisal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Summary of Pay Step Review Meeting**

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| **Employee’s Summary** |
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| **Manager’s Summary** |
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| --- | --- | --- | --- | --- |
| **Have the Standards for progression been met?** |  | **Yes** |  | **No** |
|  |  |  |  |  |
| Has the appraisal process been completed within the last 12-months and are the outcomes in line with the Trust’s standards? |  |  |  |  |
|  |  |  |  |  |
| Is there a formal capability process running? |  |  |  |  |
|  |  |  |  |  |
| Is there a formal disciplinary sanction live on the employee’s personal file? |  |  |  |  |
|  |  |  |  |  |
| Has the employee completed all statutory and/or mandatory training? |  |  |  |  |
|  |  |  |  |  |
| **For line managers only;** have appraisals been completed for all staff as required? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment of Standards** |  | **Approved** |  | **Deferred** |
|  |  |  |  |  |
| Is the pay-step approved or deferred? |  |  |  |  |
|  |  |  |  |  |
| **Reason for this decision:** |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Signed (Manager):** |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |
| **Signed (Employee):** |  |  |  | **Date:** |  |  |

**Employee Action Plan and Timescales**

**Pay Step Review Submission Form**

The manager and employee should agree an action plan and timescales, where the employee does not meet the required standards.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agreed Action/Outcome** |  | **Target Date for completion** |  | **Required Activity to Achieve Outcome** |  | **Review Date** |
|  |  |  |  |  |  |  |
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| **Additional Comments:** |
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**Once completed, please keep a copy of this form in the individual's staff file.**

**To complete the process, please copy and paste the following link into your web browser and enter the date of this meeting:**[**https://forms.office.com/e/TpYxbGCUs1**](https://forms.office.com/e/TpYxbGCUs1)

**The completed form will be sent to the training team and workforce for input into ESR.**