**Review Request Form against Deferment of Pay Step Increase**

***(NB. For completion only if you do not have email access)***

Employees who consider the decision to defer the pay step increase is unfair and who have justifiable reasons for non-completion of mandatory training, or an up-to-date appraisal can request a review by submitting this form to their Senior Manager i.e., Line Manager’s Manager within 28 days of the appraisal meeting or deferment of pay.

The Senior Manager will review the individual circumstances to make a decision within 28 days of receipt of the form. If necessary the Senior Manager may arrange a meeting to clarify any issues with the employee and their line manager. This meeting must be held within the 28 day timescale to make a decision. The employee is entitled to representation at the meeting by an accredited representative of a recognised trade union or a work colleague not acting in a professional capacity. HR presence is not required at the meeting; advice can be sought to inform managerial decision-making. The senior manager will decide whether or not to uphold the deferment of the pay step increase. The decision is confirmed in writing on this form and is the end of the formal process i.e., there is no right of appeal or further grievance process available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1 – Employee to complete and pass to their Line Manager** | | | |
| Employees name and job title |  | | Assignment Number or National Insurance no. |
| Name of employees Line Manager |  | | |
| Date Appraisal completed |  | | |
| Pay Step Date |  | | |
| Mandatory training % compliance at date pay progression was due |  | State non-compliant modules: | |
| Briefly describe the reasons why you feel the deferment is unfair attaching any supporting evidence (*use additional sheet if required)* | (Continue on separate sheet if necessary) | | |
| Signature |  | | Date |
| **Note to employee –** **Please pass this review form to your line manager to complete, then forward it to their senior manager.** (*It is advisable to retain a copy for your records*). | | | |
| **Section 2 - Line Manager to complete and return to employee to submit to Senior Manager** | | | |
| Line Manager to detail reasons for deferment of pay progression (*e.g., non-compliance with mandatory training, subject to formal capability and /or disciplinary sanction).*  **Include a copy of the employee’s mandatory training compliance plan if this is the reason for deferment and any other supporting evidence.** | (Continue on separate sheet if necessary) | | |

**Review against deferment of pay step increase by Senior Manager:** If the decision is to uphold the employee’s case then the pay step will be backdated to the original date. If the decision is to not to uphold the case, the original decision will remain and the employee will not progress until completion of the required criteria i.e., completion of mandatory training, an up-to-date appraisal, expiration of a disciplinary sanction, or completion of formal capability procedure. The Senior Manager’s decision is final and it is the end of the process; there is no right of appeal. (See Senior Managers guidance)

|  |  |
| --- | --- |
| **Section 3 – Senior Manager to complete** | |
| Name of Senior Line Manager undertaking the review |  |
| Date review request form received |  |
| Date of review meeting (if necessary) |  |
| Date invite letter sent to employee and line manager to attend review meeting |  |
| Representatives name / support person at meeting |  |
| Decision to be confirmed to employee within 28 days of receipt of review request (tick applicable)  I am pleased to confirm your review request is upheld and your pay step will be back  dated to the original progression date of \_\_\_\_\_\_\_\_\_\_\_\_  I am unable to uphold your review request for the following reasons:  Having been subject to Formal Capability or a Disciplinary sanction I confirm your  pay step progression is to be valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert date) | |
| Signature: Title:  Date: | |
| **Section 4 - Please ensure a copy of this completed form is sent to the employee, HR People Information Advisor and a copy placed on the employee’s personal file.** | |