

**MAKING A CASE FOR A DISCRETIONARY POINT**

*Please refer to the* [*Discretionary Point Scheme*](http://www.bristol.ac.uk/hr/policies/discretionarypolicy.html) *for further information before completing this form*

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| **Section A:** *to be completed by the Dean/Faculty Manager/Head of Division requesting a discretionary point* |
| **Employee name:** | Click here to enter text. | **Proposed** **increment(s)** | Click here to enter text. |
| **Job title:** | Click here to enter text. |
| **School/Division:** | Click here to enter text. | **Faculty/****Division** | Click here to enter text. |
| **Reason for recommendation:** *(Please give full details of the reason for the request)* |
| **Comments**: Click here to enter text. |
| **Name (of person making recommendation):** | Click here to enter text. |
| **Job title (of person making recommendation):** | Click here to enter text. |

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| Name: | Click here to enter text. |
| Signature: |  | Date: | Click here to enter text. |
| [ ] Checking this box will be accepted instead of a signature if you are submitting this form via email |

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| **Section B:** *to be completed by the DVC or Registrar* or *Chief Operating Officer (as appropriate)* |
| **DECISION:** |
| [ ]  **APPROVED** [ ]  **AMENDED\*** [ ]  **REFUSED** \* If **AMENDED**, please specify number of increment/s: Click here to enter text. |
| Comments: Click here to enter text. |
| Effective date (where applicable)**:** | Enter date here for approved/amended cases only. |
| Decision made by: | Choose an item. |
| Name: | Click here to enter text. |
| Signature: |  | Date: | Click here to enter text. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email |
| **PLEASE FORWARD THIS FORM TO THE RELEVANT FACULTY/DIVISIONAL HR MANAGER****(for contact details, please refer to:** [www.bristol.ac.uk/hr/contact/](http://www.bristol.ac.uk/hr/contact/)**)** |