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| Navy University of Edinburgh Logo**Add, Amend or End Allowance Request** |
| **Guidance** |
| **Please only complete and submit this form to add, amend or end an allowance or premium band payment for an existing employee.** Please complete all sections of the form. This form MUST be authorised in advance of submission in Section 5. For further information on approvals, please read the [Guide to Employment and Finance Approvals](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance).Please submit the completed form through People and Money. Submit the Service Request using the category ‘Add, Amend or End an Allowance’. Please attach any relevant supporting information to the Service Request prior to submitting, for example grant or fellowship award letters.Further guidance on allowances is available within the [Guide to Job Changes.](https://www.ed.ac.uk/staff/services-support/hr-and-finance/people-and-money-system/people-and-money-user-guides) |
| **SECTION 1: Employee Details** |
| Employee Name |       |
| Assignment Number |       |
| College/Professional Services Group |       |
| School / Department |       |
| Job Title |       |
| **Section 2: Please select the request type and allowance type from the drop down below. Please complete all of the required information (if more than 3 allowances please use the additional information section).**  |
| **Request Type** | Choose an item. | Choose an item. | Choose an item. |
| **Allowance Type**(Please note an asterisk\* next to the allowance name will require additional information to be provided in section 3 below). | Choose an item. | Choose an item. | Choose an item. |
| **Other** – Please specify if not listed in Allowance Type above |       |       |       |
| **Annual Allowance Amount**  | £        | £        | £        |
| **Effective from** (dd/mm/yyyy) |       |       |       |
| **End Date** (if applicable, if no end date the allowance will be paid on an ongoing basis, this should be the last date of payment). |       |       |       |
| Should this allowance increase with a Pay Award or Increment? **Yes / No** |       |       |       |
| **Additional Information** (please use this space to provide any additional information, e.g. how the allowance is calculated, why the employee is eligible).      |
| **Section 3: Additional Information – The following allowances require some additional information. Please complete as appropriate.** |
| **Acting Up Allowance****(HR Business Partner Approval required)** | Acting Up Grade |       |
| Acting Up Grade Step |       |
| Acting Up Percentage (% of time expected for higher grade role) |       |
| **Contractual Overtime**(See the [Conditions of Service](https://www.ed.ac.uk/human-resources/policies-guidance/conditions-service) for further information) | **Complete this section if the employee works the same contractual overtime hours every week** | **Complete this section if the overtime hours are calculated annually** |
| Number of extra hours to be worked weekly |       | Number of extra hours to be worked annually |       |
| Number of hours to be paid at plain time |       | Number of hours to be paid at plain time |       |
| No of hours to be paid at time and half  |       | No of hours to be paid at time and half |       |
| Are the overtime hours based on the employees normal grade and grade step? | Yes [ ] No [ ]  |
| If no please provide details       |
| **On Call Allowance**(See the [Out of Hours and On Call Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) for further information) | Number of full weeks on call per year |       |
| % Number of on call hours (In most cases this will be 100%, please see section 2.3 of the policy for exceptions) |       |
| Please provide any additional information e.g. public holidays during on call periods      |
| **Premium Band Payment Percentage**(See the [Conditions of Service](https://www.ed.ac.uk/human-resources/policies-guidance/conditions-service) for further information) | 5% [ ] 15% [ ] 30% [ ]  |

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| **Section 4: Please complete the costing details below if the allowance is to be charged to a different salary costing string. For further guidance, please refer to the** [**Chart of Accounts Guidance**](https://uoe.sharepoint.com/sites/FinanceHub/SitePages/Chart-of-Accounts.aspx)**.** **For multiple requests - if the costing is different for each allowance you are adding or amending, please add this detail in the Additional Allowance Costing Split below.****If costs related this assignment are to be charged in part or total to cost centre 30010003 (research salary control account) a research salary management labour schedule may need to be created or amended. Please liaise with your school research administration team to provide this information if required.** |
|  | **% Split** | **Entity****(3 digits)** | **Fund****(6 digits)** | **Cost Centre** **(8 digits)** | **Account****(4 digits)** | **Analysis****(6 digits)** | **Portfolio****(8 digits** | **Product****(8 digits)** | **Intercompany****(3 digits)** |
| **Description** | **MANDATORY****% Split of the salary costing** | **Driven by payroll element**  | **MANDATORY****Required to capture the type of funding the payroll cost is attached to​** | **MANDATORY****Organisational Unit (department)** | **See Chart of Accounts Guidance** | **Likely to always be zero** | **Likely to always be zero** | **Likely to always be zero** | **For cross charging to or from a subsidiary** |
| EXAMPLE | 100% | 110 | 123456 | 12345678 | 1234 | 000000 | 00000000 | 00000000 | 000 |
| Directly Funded by Research- For all | 100% | 110 | 110002 | 30010003 | 0000 | 000000 | 00000000 | 00000000 | 000 |
| Costing Split 1 |       |     |       |       |      |       |       |       |     |
| Costing Split 2 |       |     |       |       |      |       |       |       |    |
| **Additional Allowance Costing Split** – please provide the allowance type and the full costing string and % split as above      |

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| **Section 5: Authorisation****Authorisation must be from Head of School or Department, Director of Professional Service or equivalent. For Market Pay Supplements or Acting Up Allowances please also provide approval from your HR Business Partner.** |
| Requested by: |       | Job Title:       | Date (DD/MM/YYYY):       |
| Authorised by: |       | Job Title:       | Date (DD/MM/YYYY):       |