

APPROVAL OF A MARKET SUPPLEMENT

Directorate: _____

Service Area: _____

Post(s) for which a Market Supplement is proposed: _____

Details of any national or regional surveys showing a shortage in that particular occupation

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Numbers of vacancies in the job category(ies) concerned

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Turnover rates over past 12 months in the job Category (ies) concerned

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Details of recruitment advertisements and/or other initiatives including dates of adverts, where posts were advertised and response rates

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The impact on services of posts not being filled

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Any alternatives to recruiting to posts which are in place and comparative costs

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Remuneration levels in other comparable organisations for similar posts

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Annual amount of proposed supplement: _____

Source and duration of funding : _____

Payable: monthly ☐ 3 monthly ☐ other (please state) _____

Review date (at least every 12 months): _____

Equality issues:

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Signed: _____ Date: _____
(Executive Director)

This form should be attached to Executive Decisions form A for approval by the Lead Members for Human Resources and the appropriate service.