## UNIVERSITY OF LIMERICK

**INCREMENTAL REPORT**  **Date Issued:**

## Please return form to D1-042, Compensation & Benefits, Human Resources Division

Name: «Title» «Forename» «Surname»

Personnel No: «Personnel\_No»

Post Title: «Post\_Title\_Description»

Date of Appointment: «Start\_Date»

Salary: €«Primary\_Salary»

Present Point on Salary Scale: «Pay\_Point»

Incremental Date:

Absences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Performance

Please √ appropriate Box Not Below Average Above

Relevant Average Average

1 Organisation of work

2 Quality of work

3 Achievement of targets

4 Perseverance in

completing tasks

5 Ability to communicate

6 Relationship with colleagues

7 Judgement

8 Ability to make decisions

9 Initiative

10 Analytical Ability

11 Adaptability

12 Ability to cope with pressure

13 Ability to manage staff

14 Dependability

15 Leadership

Do you Recommend Increment:

Please tick appropriate Box Yes No

General Comments: (e.g. Contribution to Administration; Development of the University, Publications)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Department/Manager Date

General Comments:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Division Head Date

Approval of Increment

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Officer Date