

Appendix 2**Market Forces Supplement (MFS) Request Form****1. POST DETAILS:**

Post Title:	
Directorate/Service:	
Position ID No.:	
Current grade and corresponding salary:	
Requesting manager:	
Requesting manager designation:	
Date job last allocated:	
Total amount of MFS requested:	
Period for which the payment is sought (max.3 years):	
Is this an application for a new MFS or a review of an existing one? If existing, please state when current MFS is due to expire:	

2. JUSTIFICATION – NEW REQUEST:

Please provide a robust justification for this request which details the following information, as appropriate:

- Recruitment difficulties including previous campaigns (minimum of two) – when advertised, where advertised, number of responses and quality of responses;
- Retention difficulties including number of recent leavers, reason for leaving and where they have gone;
- Effect on service of recruitment/retention difficulties and how an MFS would alleviate them;
- Alternative strategies considered e.g. restructuring, job redesign etc. and why they weren't successful;
- Current market situation – what is the 'going rate' for the job? (nationally and regionally. Please reference the source).

3. JUSTIFICATION – EXISTING MFS:

When reviewing an existing MFS, please attach the original request form and provide an updated rationale to: (please delete as appropriate)

1. Continue to pay the MFS at its current level for a further 3-year period
2. Continue to pay the MFS but at a higher level for a further 3-year period
3. Continue to pay the MFS but at a lower level for a further 3-year period

4. COMPARATOR POSTS:

POST 1	
Job Title:	
Salary Range:	
Other Benefits:	
Organisation:	

POST 2	
Job Title:	
Salary Range:	
Other Benefits:	
Organisation:	

POST 3	
Job Title:	
Salary Range:	
Other Benefits:	
Organisation:	

If any of the comparator jobs listed above are outside of the public sector and/or the West Midlands region, please provide the rationale below:

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5. ATTACHMENTS:

- Current job description and person specification
- For the comparator posts in Section 3:
 - Job description
 - Person specification
 - Organisation chart (if possible)
 - Job advertisements
 - Other supporting evidence

Manager Declaration:

I confirm that I am the manager responsible for this post and have read the relevant policy. I confirm that the information provided above is accurate and complete.

Signature:

Date:

Director Declaration:

I confirm that I am the Director responsible for this service area and am in support of the above request. I confirm that the information provided above is accurate and complete.

Signature:

Date:

Please return your completed form to Human Resources via HR.supportdesk@wolverhampton.gov.uk.

Human Resources Use Only

Date of Pay Strategy Board (PSB):		
PSB support application? (Please circle):	Yes	No
Amount of MFS:		
Duration of MFS:		
HR Officer Signature:		
HR Officer Print Name:		