

Proposal Form - Market or Retention Supplement

Name of recipient	
Job title	
Department/School/Research Centre/Institute	
Type of award (delete as applicable)	Market Supplement / Retention Supplement
Period of award	
Amount of award	£
Why does QM need to recruit/retain the recipient?	
Specify critical skills and why it is important for QM to recruit/retain them	
Specify how figure was determined	
Funding source and account code	
PROPOSERS AUTHORISATION	
Signed	
Date	
Print name	
Position	
FUNDING CONFIRMATION (Management Accounts/Research Grants)	
Signed:	
Date:	
Print name:	
Position:	
AUTHORISATION (Vice Principal/Chief Operating Officer)	
Signed:	
Date:	
Print name:	
Position:	