Metropolitan Police Service Bonus Payment Recommendation Form

Details of officer being recommended for payment:	
Last Name:	First Name(s):
Rank: Warrant	No. / OCU/Dept.:
The following information in this section will be used purely for monitoring.	
Ethnic group reference: Select from drop down menu	
Gender: Male Female	Working: Part Time Full Time
Please provide evidence to support the award of a bonus payment, indicate the amount proposed and which of the criteria of outstandingly unpleasant, outstandingly demanding or outstandingly important apply.	
Evidence to support award of bonus payment	
Outstandingly unpleasant: Yes No	Outstandingly demanding: Yes No
Outstandingly important: Yes No Did the officer comply with requirements under Health and Safety legislation? Yes No No	
Recommended amount (Range £50 to £500):	
Signed:	Rank/Role title and band:
Recommending officer Warrant No./Pay No.:	Date:
Decision by OCU Commander/Head of Branch	
I support/do not support the above recommendation. Only if you are unable to support the recommendation please give reasons below.	
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Signed: OCU Commander/Head of Branch	Date:
Endorsement by Chair of business group panel The panel is satisfied/not satisfied that the application meets the criteria. If not please give reasons below.	
The paner is satisfied/flot satisfied that the applica	ation meets the chteria. If not please give reasons below.
Signed: Chair of panel	Rank/Role title and band:
	Date:

Retention period: 7 years MP 406/03