Model Sign off form for Pay Thresholds

Doctors Name………………………………………………
Year…………………………
Date threshold one due:
Date threshold two due:

Please tick appropriate boxes to confirm completion of Incremental criteria:

- Participated in appraisal process
- Made every reasonable effort to meet objectives
- Made every reasonable effort to fulfil job plan
- Participated in job planning process

Additional Criteria for passing through Threshold 1:
- Made every reasonable effort to participate in 360 degree appraisal and feedback

Additional Criteria for passing through Threshold 2:
- Made every reasonable effort to participate in 360 degree appraisal and feedback
- Demonstrated increasing ability to take decisions and carry responsibility without direct supervision
- Provided evidence to demonstrate contribution to a wider role

Fulfilled criteria to progress through Threshold 1 / Threshold 2

Specialty Doctor/Associate Specialist:
Signature………………………………… Date……………….

Clinical Manager:
Signature………………………………… Date……………….