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| Job Regrading Appeal Form Professional Services |
| **Guidance** |
| This form is for appeals against a regrading decision. Please refer to Section 6 of the [Regrading of Professional Services Jobs Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) before completing this form.This form must be submitted to reward@ed.ac.uk within four weeks of receiving the outcome of the regrading decision.  |
| **Section 1: Job Details** |
| Job Title: |       |
| Current Grade: |       |
| College/Professional Services Group: |       |
| HR Partner: |       |
| School/Department: |       |
| **Section 2: Grounds for appeal** |
| An appeal can only be made on the below grounds Please place a tick (✓) in the appropriate box below.  |
| [ ] A. There was a procedural failing that affected the Panel’s decision. (Please describe the failing in the statement section below) |
| **And/or** |
|  [ ] B. There is clear evidence that the job should be matched to a higher grade (Please provide evidence in the statement section below). |
| **Section 3: Line Manager Statement** |
| I believe the correct grade for the job is grade       |
| A short statement outlining the reason for the appeal (i.e. procedural failing, and/or evidence supporting higher grade): |
| Please complete this section. It should normally be no more than 10 lines.      |
| **A short statement providing additional information for the Appeals Panel to consider:** |
| If you wish, you may provide additional information here, which **must not** include new information or reference to responsibilities acquired since the original regrading request was submitted. This information must only relate to the job as it was at the time of submission for regrading and should not refer to market-related factors, for which separate arrangements exist. This statement should normally be no more than 10 lines.       |
| **Section 4: Signatures**  |
| **Line Manager**  |
| Please complete the section below, then forward to your Head of School/Professional Services Department for endorsement.  |
| Name/Signature:       | Email:       |
| Job Title:       | Date (dd/mm/yyyy):       |
| **Head of School/Professional Services Department:**  |
| Please complete the section below within a week of receipt of this form and forward to reward@ed.ac.uk |
| Name/Signature:       | Job Title:       |
| Date (dd/mm/yyyy):       |