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|  Job Regrading Request Form Professional Services Jobs |
| **Guidance** |
| This form must be used by managers to request a grading review of an existing Professional Services job. Please refer to 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 is only to be used to request the regrading of an existing job. New jobs or an existing job which has become vacant and there has been a significant change in the responsibilities and/or the knowledge, experience or skills needed to do the job, are covered by the Grading Policy and must be submitted for grading using a Grading Request Form. |
| **Section 1: Job Details** |
| Current Job Title: |       |
| Current Grade: |       |
| Proposed new Job Title (if different): |       |
| Proposed new grade: |       |
| School/Department: |       |
| College/Professional Services Group: |       |
| Current Role Holder Employee No: |       |
| **Section 2: Summary of changes to the job:** |
| Please highlight briefly the significant changes to the job since it was last graded:      |
| **Section 3: Enclosures** |
| Please tick (✓) the box(es) below to indicate the documentation enclosed with this form. Please note that previous and new job descriptions and a current organisational chart **must** be included for the request to proceed. Supplementary documentation (other than that detailed on this form) will not be forwarded to the panel: |
| New Job Description: | [ ]  |
| Previous Job Description: | [ ]  |
| Organisational Chart (Must include job titles and grades, but not job-holder names): | [ ]  |
| **Section 4: Signature - Line Manager** |
| If you agree that the new job description and other details provided are factually accurate please complete the section below and forward to your Head of School/Professional Services Department for their endorsement.  |
| Name/Signature:       | Line Manager’s Job Title:       |
| Email Address:       | Date (dd/mm/yyyy):       |
| **Section 5: Signature - Head of School/Professional Services Department** |
| Please complete the section below within a week of receipt of this form and forward to your Head of College/Professional Services Department for their endorsement. |
| Name/Signature:       | Job Title:       |
| Email Address:       | Date (dd/mm/yyyy):       |
| **Section 6: Signature - Head of College/Professional Services Group** - Please read the [Guide to Employment and Finance Approvals](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) |
| Please complete the section below within a week of receipt of this form, then forward to your HR Partner  |
| Name/Signature:       |
| Email Address:       | Date (dd/mm/yyyy):       |