

# Request to re-evaluate a role

**Guidance:** This form must be completed if you wish to evaluate a job description following changes to the remit and responsibility of a post. It must first be submitted to the Head of School or Service for approval prior to undertaking the job evaluation. Agreement to undertake the evaluation does not guarantee ultimate approval of the job evaluation outcome or new salary band.

The Director of Human Resources will only give full approval to a new job description or to a new salary band once a full assessment of the impact, including any increased costs, has been presented along with the job evaluation outcome.

|  |  |
| --- | --- |
| **Faculty/Service** |  |
| **Job title of current role** |  |
| **Band of current role** |  |
| **Name of current role holder(s)** |  |
| **Name of line manager** |  |
| **Has the role been reviewed or evaluated in the last 2 years?\***\*If yes, the post will not be evaluated by HR unless currently vacant  |  |
| **Outline of business case for the role regrade***[For example - explain how the context this role operates in has changed, if there are changes to the structure, if the role has acquired responsibility for additional deliverables, have the reporting lines changed (more or fewer team reports?), do Vision 2025 KPI’s impact on the scope of the role? ]* |  |
| **Outline differences in the new job description compared to the previous**Please ensure you attach the previous job description alongside the revised version and highlight changes. |  |
| *[Please extract the key differences and provide summary and commentary – do not simply copy text from old and new job specs]* |  |
| **Financial Implications***[State the financial difference between the current post holder’s salary and the maximum increase that may be recommended. Please confirm that there is budget available this current year and that it would be factored into future budgets]* |  |

|  |
| --- |
| **Line Manager (signed)**Dated |
| Dean of Faculty/Head of Service (signed)Dated |

|  |
| --- |
| **Outcome of request to re-evaluate a role** |
| Director of Human ResourcesApprovedNot approvedDated: |
| Reason for decision |

|  |
| --- |
| **For HR completion**  |
| Date decision communicated to line manager*Signed (HR)* |
| Outcome of HERA New band |