

## AGENDA FOR CHANGE: JOB EVALUATION

**NEW or CHANGED JOBS PROCESS**

**REVIEW SUBMISSION FORM – PART A**

This form should be used to submit additional job information for use in the Job Evaluation Review

procedure. The form should also be used where employees disagree with the banding outcome for

their post but do not wish to submit any additional information.

The additional information contained in the form must be agreed between the employee(s) carrying

out the role and the line manager.

The form must be submitted by email to the Job Evaluation Unit by the Head of Human Resources,

following authorisation by the appropriate Line Manager. A copy must be retained in each employee’s

personal file.

**Please use ‘Review Submission Form’ as the subject header when sending completed**

**forms to the Job Evaluation Unit. Please remember to complete Part A and Part B when**

**submitting Review information.**

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| **Section 1: Job Details** | |
| Job Title |  |
| Job id no (from the matched job report) |  |
| Department |  |
| Service (Acute/HSCP/Corporate) |  |
|  |  |
| Name of employee who can be contacted by the Review panel for additional information/clarification |  |
| Email address |  |
| Name of Line Manager who can be contacted by the Review panel for additional information/clarification |  |
| Email address |  |

**AGENDA FOR CHANGE JOB EVALUATION SCHEME**

**REVIEW SUBMISSION FORM – PART B**

This form should be used in conjunction with Part A to submit additional job information for use in the

Job Evaluation Review procedure. The additional information contained in the form must be agreed

between the employee(s) carrying out the role and the line manager.

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| **JOB TITLE** |  |
| **Job ID** |  |
| **Section 1: Reason for requesting a Review** | |
| **1. Post should be matched to a different National Profile** | |
| *Please explain why you feel another National Profile is more appropriate (in no more than 50 words)* | |
| **2. Job Information was not included in the original job description submitted.** | |
| **Any duties described must have been carried out as part of the post holder's job responsibilities at the date when the job description content was agreed and/or the effective date of these being carried out.**  **Please briefly describe the nature of the job responsibilities. You must also complete the relevant Factor box(es) in Section 3 to provide fuller information on specific responsibilities.**  **Information should be submitted only for those factors where the employee(s) disagree with the level awarded by the original matching panel.** | |
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| **Section 2** | | |
| **JOB**  **EVALUATION FACTOR** | | **RELEVANT JOB INFORMATION** |
| **If you agree with the factor level allocated there is no requirement to supply any additional information.** |
| 1. | Communications & Relationship skills |  |
| 2. | Knowledge, training & experience |  |
| **3.** | **Analytical & judgemental skills** |  |
| 4. | Planning & organising skills |  |
| 5. | Physical Skills |  |
| 6. | Responsibility for Patient/Client care |  |
| 7. | Responsibility for policy/service development |  |
| 8. | Responsibility for financial & physical resources |  |
| 9. | Responsibility for human resources |  |
| 10. | Responsibility for information resources |  |
| 11. | Responsibility for research & development |  |
| 12. | Freedom to act |  |
| 13. | Physical effort |  |
| 14. | Mental effort |  |
| 15. | Emotional effort |  |
| **16.** | **Working conditions** |  |