

**Human Resources**

**Change to Grade Review Form**

**Any changes to role responsibility should be** **management led and in line with strategic plans and objectives**.

**Applications for review must be agreed with the line manager and be supported by the Director of the business area. The request must also be approved by the Executive Lead (primary budget holder).**

**\*\*This form must be completed by the line manager\*\***

**Section 1: Role details**

|  |  |
| --- | --- |
| School/Department |  |
| Line Manager name and job title |  |
| Role for review title |  |
| Current grade |  |
| Current role holder name (s) |  |
| New role title |  |

**Please note**

1. An increased volume of work will not be considered within this process as this does not affect grade.
2. Duties and responsibilities should have undergone **extensive change** to such an extent that the current grading evaluation may no longer be applicable. You must provide sufficient evidence to demonstrate these changes and their impact.

**You should also provide;**

1. A new job description.
2. The current job description.
3. An organisational chart demonstrating lines of accountability relative to the application.

**The signed application form, together with all associated documentation should be forwarded to the appropriate HR Business Partner, Human Resources, Exchange Station, Tithebarn St, Liverpool, L2 2QP.**

**Section 2: Changes to the role**

Please explain the context for the development of the role.

Please provide **detailed information** of the key changes to the role and the impact of these, ensuring to provide specific examples.

(In addition **for academic colleagues** please ensure that you include detail of any internal and external collaborations and of profile development at school/faculty and/or external level.

Please also ensure that you provide evidence of esteem/other research or professional achievements at an appropriate level in the subject area).

Are these changes already being carried out by the role holder? **YES / NO**

Signed ………………………………………………. Date………………………….

**Section 3: Director of business area**

I support the change in the duties and responsibilities in this role and request a review of the grade of this post. **YES / NO** \*\*

Please provide detail of your support for this application and explain how the developed role fits in with overall business area plans.

Please indicate whether any other roles will be impacted as a result of the regrading of this post.

Are you aware of any other jobs in the University which should be used as a point of comparison?

**\*\**In the event you do not support this application, as you do not believe there are valid grounds for re-evaluation, you must notify your HR Business Partner and the relevant line manager and explain the reasons for your decision.* *In these circumstances you should retain this form and not forward on to the Executive Lead.***

Name…………………………………………… Signed ………………………

Role title……………………………………….. Date………………………….

**Section 4: Executive Lead**

Is funding available for this re-grading? **YES / NO**

If yes, from which cost centre?..................................

Any observations/information relevant to the application?

Name…………………………………………… Signed ………………………

Role title……………………………………….. Date………………………….

**The completed and signed review form should then be passed to the appropriate HR Business Partner.**

**Please note if a higher grade is agreed, it will be effective from the date of receipt of the supported Change to Grade Review Form and all its associated documentation into HR.  Retrospective payments in respect of the regrading will not be made. All changes to grade will be made to the first spinal point of the next grade.**