# Appendix 4 – Job Evaluation– Re-Evaluation of Post – Request Form

Employee Details

|  |  |
| --- | --- |
| Employee Name |  |
| Job Title |  |
| Academy |  |
| Line Manager |  |
| Current role profile match |  |
| Current role profile score |  |
| Current Grade |  |
| Current Salary |  |

Who is requesting the re-evaluation?

Employee (Individual) Employee (Group) Line Manager

Is this a new post in the last 12 months? YES/NO

Have you requested a re-evaluation in the last 12 months? YES / NO

*Please note if you answer yes to either of the above your request will not be considered further.*

Are you seeking for the role to be re-graded as an outcome of the evaluation? YES / NO

What grade do you believe the role should be regraded to?

Re-evaluation Details

Please indicate which of the grounds you wish to request a re-evaluation by ticking one or more of the following boxes.

|  |  |  |
| --- | --- | --- |
| Grounds | Reason | Please tick below |
| 1 | The employee believes there has been a substantial change to their role |  |
| 2 | Management review of the post has resulted in a substantial change to the duties and responsibilities of the post |  |
| 3 | there has been a transfer of duties from elsewhere such that the character of the post is substantially altered |  |

Additional documentation enclosed:

Updated job description Updated Person Specification Other

Re-evaluation Information

Please tick the factors that you wish to be re-evaluated against and attach any evidence in support of why you feel you should be re-evaluated;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FACTOR | Please tick relevant factor | | | List evidence attached | |
| Knowledge |  | | |  | |
| Mental Skill |  | | |  | |
| Interpersonal Communication |  | | |  | |
| Physical Skills |  | | |  | |
| Initiative & Independence |  | | |  | |
| Physical Demands |  | | |  | |
| Mental Demands |  | | |  | |
| Emotional Demands |  | | |  | |
| Responsibility for People |  | | |  | |
| Responsibility for Financial Resources |  | | |  | |
| Responsibility for Supervision |  | | |  | |
| Responsibility for Physical Resources |  | | |  | |
| Working Conditions |  | | |  | |
| FACTOR | | | Reason for re-evaluation | | |
| **Knowledge**  *We are looking here at all the knowledge normally required to do the job properly, including any which is essential in background or context to the work* | | |  | | |
| **Mental Skill**  *Mental skills include fact finding, analytical, problem solving, and judgmental skills. They also include creative and developmental skills, whether related to design, handling of people or development of policies and procedures; and planning and strategic skills.* | | |  | | |
| **Interpersonal Communication**  *Interpersonal skills are those which involve developing some form of working relationship with others, for example caring skills for responding to their needs, training skills for identifying and responding to learning needs; persuasive, motivating or counselling skills.* | | |  | | |
| **Physical Skills**  *Physical skills cover manual or finger dexterity, hand-eye co-ordination of limbs and sensory co-ordination.* | | |  | | |
| **Initiative & Independence**  *We are looking here at the scope allowed to the jobholder to exercise initiative, take independent actions and plan own work. This factor takes into account the nature and level of supervision of the jobholder, the level and degree of direction and guidance provided by policies, precedents, procedures, and regulations and whether the jobholder works on won or with others* | | |  | | |
| **Physical Demands**  *Physical demands cover all forms of bodily effort, for example, standing and walking, lifting and carrying, pulling and pushing; working in awkward positions, bending, crouching, stretching, sitting, standing or working in a constrained position, stamina and strength* | | |  | | |
| **Mental Demands**  *Mental demands cover mental concentration, alertness and attention, awareness and other forms of work related pressure, for instance, arising from conflicting work demands, interruptions or the need to* *switch between varied tasks or activities* | | |  | | |
| **Emotional Demands**  *Emotional demands are those arising from contacts or work with other people. For instance, those who are angry, difficult, upset, or unwell; or in circumstances such as to cause stress to the jobholder, for example, if the people are terminally ill, very frail, at risk of abuse, homeless or disadvantaged in some other way* | | |  | | |
| **Responsibility for People**  *We are looking here at responsibility for people, which includes responsibilities for the physical, social, economic and environmental wellbeing of any people, other than employees supervised or managed by you.* | | |  | | |
| **Responsibility for Financial Resources**  *We are looking here at responsibility for financial resources including cash, cheques, debits and credits, invoices, budgets and income, business planning and long term development of financial resources.* | | |  | | |
| **Responsibility for Supervision**  *We are looking here at the responsibility for training, supervision, co-ordination or management of employees, or others in an equivalent position.* | | |  | | |
| **Responsibility for Physical Resources**  *Responsibility for physical resources covers all traditional physical resources but also includes manual or computerised information, date and records.* | | |  | | |
| **Working Conditions**  *We are looking here at your exposure in your job to disagreeable, uncomfortable, or hazardous working conditions arising from the environment or from working with people.* | | |  | | |
| **Additional information**  *Please use this section to include any further information that you would like to include in the request but does not fit into any of the above sections, continue on a separate sheet if required.* | | | | | |
|  | | | | | |
| **Verification by line manager if requested by employee/Headteacher if requested by line manager**  *Review the employee evidence provided and provide any comments regarding the accuracy of the factual information* | | | | | |
|  | | | | | |
| Manager name: | | Manager signature: | | | Date: |

Employee Signature (If requested by employee)

By signing the form below you are confirming that the information provided in the form and as additional information is accurate and that you have read and understood the Job Evaluation re-evaluation request procedure

|  |  |
| --- | --- |
| Employee Name : |  |
| Employee Signature : |  |
| Date: |  |