

Aberdeen City Council

**Evaluation Review Request**

This form must be completed in full with relevant documentation attached. A separate request form should be completed for EACH post.

*NOTE: A change to grade or designations requires either a business case to be approved at Committee or approval by delegated authority. This request form does not constitute a business case or authorisation to change any grade / designation.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Function/Cluster |  | | | |
| Job Title |  | Number of posts affected (FTE) | |  |
| Job Number |  | Current Job Grade |  | |
| Name of Line Manager |  | | | |
| Specify grounds for evaluation review | Significant change to duties  | | |  |
| ***Please specify the nature of the changes and how and when the change was authorised, attaching all evidence to this form*** | | | |
| Comparable posts in ACC graded higher  | | |  |
| ***Attach relevant org structures, job profiles and grades*** | |  |  |
| New post  | | |  |
| ***Attach job profile, job evaluation questionnaire & org structure chart*** | | |  |
| State when post was last evaluated and why |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Which options other than evaluation review have been considered and why were they rejected |  | | |
| State how any increase in grade would be funded |  | | |
| State the business justification for the evaluation review request |  | | |
| Authorisation of Director/Chief Officer Signature |  | Date: |  |

Provide details of the individual post holders whom this evaluation review will affect, any vacancies and a designated representative[s] for the group and their contact info (this is not necessary where the evaluation review relates to a new post)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Job Title | Payroll Number | Contact Info |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Designated Representative(s)…………….…………………….. VACANCIES: ……...…FTE

