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| **Summary of Request**  **Approval of change in job title where no changes to the salary grade and no significant changes to the job profile have been made.**    **Function & Cluster**  **Report Author (Name, Job Title, Email Address)**  **Job Title Change Requested**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Current job title and job No.** | **Revised Job Title** | **Effective Date** | **Name of employee(s) in post (if applicable)** | **Employee number** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Justification for change:**   |  | | --- | |  |   **Director/Chief Officer comments**  **Approval by Director/Chief Officer**  **Approved under delegated authority (delete as appropriate): Yes c No c**  **Name:**  **Signature:**  **Date:**  ***Please return a signed copy to your Finance Contact and P&OD Advisor for processing*** |