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| **Summary of Request**  **To give effect to the outcome of evaluation reviewand change in job grade for an established post - where there is no detriment to the existing post holder(s) and no other changes to the organisational structure.**    **Function & Cluster**  **Report Author (Name, Job Title, Email Address)**  **Grade Change Requested**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Job Title and Job Number** | **Current Grade** | **New Grade** | **Job Family** | **JE No.** | **Effective Date** | **Name of employee(s) in post and employee No. (if applicable)** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Justification for change, with resulting JE Factors changes:**   |  | | --- | |  |     **Financial Implications**  **Impact on current year’s revenue budget:**  (your Finance contact or P&OD Advisor will also be able to assist you with salary calculations)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title** | **JE Grade** | **FTE** | **Min Salary** | **Max Salary** | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Net Cost** |  | **Net Saving** | **£** |   **These figures are based on an appointment being made by (DATE)** Full year impact on revenue budget:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Title** | **JE Grade**  for Local Gov posts) | **FTE** | **Min Salary** | **Max Salary** | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Net Cost** | **£** | **Net Saving** | **£** |  * **Required funding is available from the following budget (include budget code):**  |  |  |  | | --- | --- | --- | | **To confirm that the above funding and costs have been checked by your Finance Contact, please request their electronic signature and enter here** | Name of Finance Contact consulted, and date checked | Electronic Signature of Finance Contact | |  |  |   **P&OD Advisor consulted and comments**    **Cluster Chief Officer comments**  **Cluster Chief Officer Approval of Implementation Date and Scale Point**  **Yes**  **No**  **Name:**  **Signature:**  **Date:**  **Delegated Authority Approval to Proceed**   |  | | --- | | **Approved under the Delegated Authority of Chief Officer People & Organisational Development, 7: *To give effect to the outcome of evaluation review in line with the Scottish Joint Council for Local Government Employees Job Evaluation Scheme and the SNCT Teachers Job Sizing Scheme.*** | | |  | | --- | | **Name:** | | **Signature:** | | **Date:** | |  | |