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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**

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| --- | --- | --- | --- | --- |
| **Current job title and job No.** | **Revised Job Title** | **Effective Date** | **Name of employee(s) in post (if applicable)** | **Employee number** |
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**Justification for change:**

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**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*** |