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| FORM JE 10  **Appendix 2**  JOB DESCRIPTION SUBMISSION – NEW POST / POST AFFECTED BY  ORGANISATIONAL OR SIGNIFICANT CHANGE |
| This form requires to be completed by the Line Manager when a job description for a new post / a post affected by Organisational or Significant Change requires to be submitted for evaluation. Please return the completed form electronically to [sandra.raynor@nhs.scot](mailto:sandra.raynor@nhs.scot). Job descriptions for Significant Change Reviews require to have changes highlighted / tracked. |

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| Job Description Title: |  | | | |
| New Post / Organisational / Significant Change\*(Delete as appropriate): | Where Organisational Change or Significant Change, please note agreed date of change: | |  | |
| Employee(s) Name: |  | | | |
| Line Manager Name (if applicable): |  | | | |
| Designation: |  | | | |
| H&SCP / Division / Directorate: |  | | | |
| Contact Details: |  | | | |
| Telephone Number: |  | | | |
| E-mail Address: |  | | | |
|  | | | | |
| Line Manager Signature: |  | Date: | |  |
| Employee Signature: |  | Date: | |  |
| EDG Member Signature: |  | Date: | |  |

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| **JD Ref No:** |  | **Submission Date:** |  |

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| ***For Official Use Only:*** | | | | | | | |
| **Band Outcome:** |  | | | **Signed:** |  | **Date:** |  |
| **Profile Selected:** |  |  |  | | | | |
| **Consistency Checked:** |  | **Band Outcome:** |  | **Signed:** |  | **Date:** |  |

**Please return completed form and job description electronically)** Sandra.raynor@nhs.scot

## E-mail: sandra.raynor@nhs.scot