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**HR25 Appendix 6**

**EMPLOYEE REQUEST FOR SIGNIFICANT CHANGE REVIEW**

**Part 1. For completion by employee**

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| --- | --- |
| **NAME:** | **EMAIL:** |
| **TELEPHONE NUMBER/S:** |
| **DIRECTORATE:** | **JOB TITLE & CURRENT BAND:** |
| **LINE MANAGER:** | **EMAIL:** |
| **TELEPHONE NUMBER/S:** |

I hereby give notification that I believe significant changes have been made to the duties and responsibilities of my job and I wish to request a significant change review of my job description in accordance with NHS Fife HR25 Evaluation of New Agenda for Change (AfC) Posts, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject to Significant Change (Request for Grading Review) Policy.

|  |
| --- |
| ***Please detail below why you think your job description should be considered for significant change review:******Continue on a separate sheet if necessary.*** |

I understand that the potential outcomes of any significant change review are:

* the band outcome may be increase
* the band outcome may decrease
* the band outcome may remain unchanged

Signed: ................................................................. Date:...................................

This form should be submitted to your line manager for consideration. Your line manager should then arrange to meet with you to discuss this within 4 weeks of them receiving it. If it has not been possible to achieve this timescale, the reason/s why should be noted on this form.

**Part 2. For completion by manager**

|  |  |
| --- | --- |
| **DATE FORM RECEIVED:** |  |
| **CONFIRMED RECEIPT WITH EMPLOYEE:** |  |
| **DATE OF MEETING WITH EMPLOYEE:** |  |
| **IF OUTWITH 4 WEEK TIMESCALE PLEASE GIVE REASON/S FOR THIS BELOW:** |

**Part 3. Outcome of Meeting**

I confirm that having taken consideration of all of the relevant information put forward by the employee along with my own knowledge of the post and what is expected of the postholder, I do / do not***\*(please delete as appropriate)*** agree that the job description requires to be evaluated for significant change review.

Signed ................................................................ Date .....................................

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| --- |
| ***If you do not agree that the job description requires to be evaluated for significant change review, please give reasons below:******Continue on a separate sheet if necessary.*** |

**Part 4. Next Steps (Manager Does Not Agree)**

Where the manager does not agree with their employee’s belief that their job description should be considered for significant change review, this form should be returned to the employee and copied to Sandra Raynor, Head of Workforce Resourcing and Relations for information.

Should the employee wish to proceed with their request for a significant change review of their job description without their manager’s agreement, they should notify Sandra Raynor, Head of Workforce Resourcing and Relations by signing the declaration below:

I acknowledge that my manager disagrees with my request and the reasons they have given, however, I remain of the opinion that my job should be considered for significant change review and hereby request that this proceeds without their agreement.

Signed: ................................................................. Date:................................

**Part 4. Next Steps (Manager Agrees)**

Manager and employee should agree the specific changes to the job description with one document produced being the original Job Description with clearly tracked changes.

Manager and employee should discuss when any change should be effective from and complete the following:

|  |  |
| --- | --- |
| Effective date of changes to job description:  |  |
| Manager agreement (sign):  |  |
| Employee agreement (sign):  |  |

This form along with the track changed job description should be submitted to Sandra Raynor, Head of Workforce Resourcing and Relations who will ensure the request is logged and dealt with accordingly.

**Part 5. Outcome of Significant Change Review**

Once the job description has been evaluated and consistency checked if applicable, the following will be completed and returned to either the manager where there has been management agreement or both manager and employee where the review has proceeded without management agreement.

The changes to the job description were reviewed on ....................................... by trained job evaluators and it has been determined that the changes would not be significant enough to affect the original band outcome. Therefore the outcome is that the band is unchanged.

Signed ..................................................... Date ............................................

**OR**

The changes to the job description were reviewed on ....................................... by trained job evaluators and it has been determined that the changes may be significant enough to affect the original band outcome and should be evaluated by a formal job evaluation panel. A decision will be communicated in due course.

Signed