**Job Evaluation Appeal Form**

Employees can appeal against the evaluation/re-evaluation of their post by completing this form within 10 working days of the date of receiving written notification of the initial job evaluation outcome. The form should be completed by both the employee and their line manager and returned to [hr@highland.gov.uk](mailto:hr@highland.gov.uk)

Employees are encouraged to read through the following documents prior to completing this form:

* SJC Job Evaluation Scheme (3rd Edition), and
* The Highland Council’s Job Evaluation Appeal Procedure.

These documents are available by:

* clicking on the links above, or
* by visiting the Job Evaluation section on the HR microsite, or
* by emailing [hr@highland.gov.uk](mailto:hr@highland.gov.uk), or
* by asking your line manager.

**Part 1 – Employee Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Work Location** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **Line Manager and Job Title** |  |
| **Line Manager Contact Telephone Number** |  |
| **Line Manager Email Address** |  |

|  |  |
| --- | --- |
| **Date when written notification of the outcome of your job evaluation was received (this appeal form must be submitted to** [**hr@highland.gov.uk**](mailto:hr@highland.gov.uk) **within 10 working days of this date).** |  |

**Part 2 – Grounds of Appeal**

Please indicate on which of the following grounds you are basing your appeal by ticking the appropriate box(es) in the table below (no other grounds are admissible):

|  |  |
| --- | --- |
| **Factual Inaccuracy in the Job Evaluation Process** (complete part 2.1 of this form) |  |
| **Failure to Properly Apply the Job Evaluation Procedure** (complete part 2.2 of this form) |  |
| **Misapplication of the Job Evaluation Scheme** (complete part 2.3 of this form) |  |

**Part 2.1 – Factual Inaccuracy in the Job Evaluation Process**

Please set out the details of your appeal here if you are appealing on the grounds of Factual Inaccuracy (continue on a separate page if necessary).

|  |
| --- |
| **Please provide details of the alleged Factual Inaccuracy in the Job Evaluation Process** |
|  |
| **Supporting Evidence** |
|  |
| **Line Manger Comments** |
|  |

**Part 2.2 – Failure to Properly Apply the Job Evaluation Procedure**

Please set out the details of your appeal here if you are appealing on the grounds of

Failure to Properly Apply the Highland Council’s Job Evaluation Procedure (continue on a separate page if necessary).

|  |
| --- |
| **Details of alleged Failure to Properly Apply the Highland Council’s Job Evaluation Procedure** |
|  |
| **Supporting Evidence** |
|  |
| **Line Manger Comments** |
|  |

**Part 2.3 – Misapplication of the Job Evaluation Scheme**

Please indicate which Factor(s) on the table below you are appealing and use the boxes below the table to set out the details of your appeal under each factor heading (continue on a separate page if necessary).

|  |  |  |
| --- | --- | --- |
| **Factor Heading** | **Level Assessed** | **Level Sought** |
| 1 Working Environment |  |  |
| 2 Physical Co-ordination |  |  |
| 3 Physical Effort |  |  |
| 4 Mental Skills |  |  |
| 5 Concentration |  |  |
| 6 Communication Skills |  |  |
| 7 Dealing with Relationships |  |  |
| 8 Responsibility for Employees |  |  |
| 9 Responsibility for Services to Others |  |  |
| 10 Responsibility for Financial Resources |  |  |
| 11 Responsibility for Physical & Info Resources |  |  |
| 12 Initiative and Independence |  |  |
| 13 Knowledge |  |  |

|  |  |
| --- | --- |
| **Factor Heading and Number:** |  |
| **Details of alleged Misapplication of Factor** | |
|  | |
| **Supporting Evidence** | |
|  | |
| **Line Manager Comments** | |
|  | |

|  |  |
| --- | --- |
| **Factor Heading and Number:** |  |
| **Details of alleged Misapplication of Factor** | |
|  | |
| **Supporting Evidence** | |
|  | |
| **Line Manager Comments** | |
|  | |

|  |  |
| --- | --- |
| **Factor Heading and Number:** |  |
| **Details of Alleged Misapplication of Factor** | |
|  | |
| **Supporting Evidence** | |
|  | |
| **Line Manager Comments** | |
|  | |

**Part 3 – Submission of Job Evaluation Appeals form**

Please sign and date the boxes below to confirm that the information provided in this Job Evaluation Appeal form is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** |  | **Date** |  |
| **Line Manager** |  | **Date** |  |

Please email the completed form to [hr@highland.gov.uk](mailto:hr@highland.gov.uk). Receipt of completed form will be sent once the form has been checked by the Job Evaluation team and forwarded on to the appeals panel.