

**Job Review Appeals Form**

You have the right to appeal against the Job Review decision for your post. If you are a member of a Trade Union you may wish to seek their advice before appealing. If you wish to register your appeal, please complete the pro-forma and return it to HR.Advisory@Southampton.gov.uk.

Please note any field with \* is mandatory

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I wish to register my intention to appeal:** | | | | | | | | | | | | | |
| Employee/Pay No. \* | |  | | | | | | | | | | | |
| Surname \* | |  | | | | | | | | | | | |
| Forename(s) \* | |  | | | | | | | | | | | |
| Team/School \* | |  | | | | | | | | | | | |
| Job Review Date \* | |  | | | | | | | | | | | |
| Job Review Grade \* | |  | | | | Job Review Score \* | | | |  | | | |
| Daytime Telephone | |  | | | | | | | | | | | |
| Daytime Contact Address | | | |  | | | | | | | | | |
| **Part A) I wish to appeal against the grade assigned to my post because \*** | | | | | | | | | | | | | |
| I disagree with the documentation presented to the panel | | | | | | | | | | | |  | |
| I disagree with one or more factors | | | | | | | | | | | |  | |
| **Part B) Please tick appropriate box:** | | | | | | | | | | | | | |
| As part of the appeals process, I individually wish to make a verbal presentation to the joint appeal panel. | | | | | | | | | | | |  | |
| As part of the appeals process myself and my Trade Union Representative wish to make a verbal presentation to the joint appeal panel. | | | | | | | | | | | |  | |
| I will not be making a verbal presentation to the joint appeal panel. | | | | | | | | | | | |  | |
| Factors in Dispute - \* | | | | | | | | | | | |  | |
| Knowledge | | |  | | Mental Skills | |  | | Interpersonal & Communication Skills | | | |  |
| Physical Skills | | |  | | Initiative & Independence | |  | | Physical Demand | | | |  |
| Mental Demands | | |  | | Emotional Demands | |  | | Responsibility for People | | | |  |
| Responsibility for Supervision | | |  | | Responsibility for Finance | |  | | Responsibility for Physical resources | | | |  |
| Working Conditions | | |  | |  | |  | |  | | | |  |
| Name \* |  | | | | | | | Date \* | | |  | | |
| Signature \* |  | | | | | | | | | | | | |