

 **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 \* |       |