 **REGRADING FORM**

**Management, Professional & Administrative, Technical & Specialist and Operational Job Families**

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| **Name:** |  |
| **Staff Number:** |  |
| **College:** |  |
| **School / Research Institute / Service:** |  |
| **Job Title:** |  |
| **Current Job Family:** | Management, Professional & Administrative / Technical & Specialist / Operational |
| **Job Family Applied for:** |  |
| **Current Grade:** |  |
| **Grade Applied for:** |  |
| **Length of time in current post:** |  |

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| **Completion instructions:**  **Applicant**  Sections A and B should be completed in discussion with line manager, and Section D should be signed.  **Line Manager**  Should assist in the completion of Sections A and B, and sign Section D.  **Head of School / Director of Research Institute / Head of Service**  Section C should be completed, and Section D signed.  **Head of HR and where appropriate, Director of College Professional Services**  Section D should be signed. |

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| **SECTION A: REVISED JOB DESCRIPTION** |

**A revised job description should be submitted in the undernoted format, ensuring that all sections have been completed. This should provide an accurate reflection of the substantive elements of the revised role.**

Guidance to assist in the writing of the job description can be found at: <http://www.gla.ac.uk/services/humanresources/recruitment/selection/planning/jobdesindex/>

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| Ref No. | | | |  |
| Job Title | | | |  |
| **School / RI / College** | | | |  |
| **University Services Department** | | | |  |
| **Reporting To** | | | |  |
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| **Job Purpose** | | | | |
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| **Main Duties and Responsibilities** | | | | |
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| **Knowledge, Qualifications, Skills and Experience** | | | | |
| Knowledge/Qualifications | | | | |
| Essential | |  | | |
| Desirable | |  | | |
| **Skills** | | | | |
| Essential | |  | | |
| Desirable | |  | | |
| Experience | | | | |
| Essential | |  | | |
| Desirable | |  | | |
|  | | | | |
| **Dimensions** | | | | |
|  | | | | |
|  | | | | |
| **Job Features** | | | | |
| Planning and Organising | | |  | |
| Decision Making | | |  | |
| Internal/External Relationships | | |  | |
| Problem Solving | | |  | |
| Other | | |  | |
| Additional School/RI/US Department Information - in addition to the information listed, above please provide any other information below about your School/RI/US Department that may be of interest to applicants. | | | | |
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| **Organisation Chart** | | | | |
| To amend chart below, click on it and use the Design and Format tubs that appear in the menu above: | | | | |

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| **SECTION B: APPLICANT’S STATEMENT** |

Please provide a statement detailing the elements of the job description which have changed over the past 12 months. This should be **no more than 2 pages** with a typeface of no less than 11 pts.

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| **SECTION C: HEAD OF SCHOOL / DIRECTOR OF RESEARCH INSTITUTE / HEAD OF SERVICE STATEMENT** |

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| **SECTION D: CONSENT AND APPROVAL** |

**Applicant**

For your application to be assessed it will be necessary for this form to be shared with members of the Regrading Committee. By submitting your application you are consenting to your information being shared with others involved with this process. By signing this form you are confirming that the information provided in Sections A and B is an accurate reflection of your revised role.

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| **Signature:** |  | **Date** |  |

**Line Manager (if not Head of School / Director of Research Institute / Head of Service)**

By signing this form you are confirming that the information provided in Sections A and B, is an accurate reflection of the role.

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date** |  |

**Head of School / Director of Research Institute / Head of Service**

By signing this form you are confirming that you are in agreement with the information provided in Sections A and B.

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date** |  |

**Head of HR**

By signing this form you are confirming that you are aware of the application and have provided advice as necessary.

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date** |  |

**Director of College Professional Services**

By signing this form you are confirming that you support the application for regrading.

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| **Name:** |  | | |
| **Signature:** |  | **DDate** |  |

**Completed Regrading Application Forms should be returned to the Performance, Pay & Reward section of the central HR team to** [**hr-ppr@glasgow.ac.uk**](mailto:hr-ppr@glasgow.ac.uk)**.**