**REGRADING APPEAL FORM**

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

|  |  |
| --- | --- |
| **Name:** |  |
| **Staff Number:** |  |
| **College:** |  |
| **School / Research Institute / Service:** |  |
| **Job Title:** |  |
| **Current Job Family:** | Management, Professional & Administrative / Technical & Specialist / Operational |
| **Job Family Applied for:** | Management, Professional & Administrative / Technical & Specialist / Operational |
| **Current Grade:** |  |
| **Grade Applied for:** |  |

|  |
| --- |
| **GROUNDS FOR APPEAL** |
| *(Maximum 2 pages)* |

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| **CONSENT AND APPROVAL** |

**Applicant**

For your regrading appeal application to be assessed, it will be necessary for this form to be shared with members of the Regrading Appeal Committee. By submitting your regrading appeal 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 the Grounds of Appeal statement is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 the Grounds for Appeal is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 this submission for a regrading appeal.

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

**Head of HR**

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

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

**Director of College Professional Services**

By signing this form, you are confirming that you acknowledge this regrading appeal application.

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

**Completed Regrading Appeal 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)**.**