Appeals Reference Number (Official Use Only)	

HIGHLAND COUNCIL

JOB EVALUATION SCHEME

APPEAL AGAINST INITIAL EVALUATION OF JOB

You may only appeal on the basis that your job has been:

- matched to the wrong Service Group; and/or
- matched to the wrong level within the Service Group; and/or
- allocated the wrong factor levels

1. YOUR DETAILS

* Group

Full Name:		NI Number:	
Work Location:	Conta	act Tel. No:	
Previous Job Title:			
New Job Title:			
Previous Grade:	New Grad	de:	
2. YOUR GROUNDS FOR APPEAL			
			Please Tick
Matched to the Wrong Service Group			
Matched to the Wrong Level			
Allocated the Wrong Factor Levels			
3. WHAT TYPE OF APPEAL IS THIS?			
			Please Tick
Single (i.e. Your Job Only)			

^{*} You must List the Names of the Other Employees Who are Covered by the Group Appeal

You can continue on a separate sheet if required and can provide supporting documentation for your appeal Please set out the details of your appeal Signature: Date:

4.

Please send this form to your Line Manager when you have completed Sections 1 to 4.

5. LINE MANAGER'S COMMENTS

facts of the appeal		
Name (Print):	Designation:	
Signature:	Date:	
LINE MANAGER MUST SEND FORM TO SERVICE DIRECTOR BY 10 APRIL 2009		
10 APRIL 2009		
	SENIOR MANAGER'S) COMMENTS	
	SENIOR MANAGER'S) COMMENTS	
6. DIRECTOR'S (OR NOMINATED	SENIOR MANAGER'S) COMMENTS	
6. DIRECTOR'S (OR NOMINATED Date Received From Line Manager:	SENIOR MANAGER'S) COMMENTS	
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6. DIRECTOR'S (OR NOMINATED Date Received From Line Manager:	SENIOR MANAGER'S) COMMENTS Designation:	
6. DIRECTOR'S (OR NOMINATED Date Received From Line Manager: Comments:		

PLEASE SEND COMPLETED FORM TO HEAD OF PERSONNEL