

RHONDDA CYNON TAF COUNCIL APPLICATION FOR A REGRADING REVIEW

All applications should be submitted to your Service Director

PERSONAL DETAILS

Name:

Address:

Trade Union Member: Yes No

If Yes, which Trade Union:

Payroll No.

POST DETAILS

Post Title:

Grade:

Service Area:

Group:

Line Manager:

APPLICATION DETAILS

Please outline evidence of a substantial change in the duties and level of responsibilities attached to the post (you may attach further information required)

Applications received between:

1st October to 31st March will be heard by 30th June each year.

1st April to 30th September will be heard by 31st December each year.

This application is submitted as:

- an individual request for a regrading review (*)
- a group request for a regarding review and the additional staff members submitting the request are as follows(*)

(*) – please tick one box only

ADDITIONAL STAFF NAMES

Signed:

Date:

SERVICE DIRECTOR CONFIRMATION

- I confirm that I am **in agreement** that the employee(s) has/have evidenced a substantial change in the duties and the level of the responsibilities and request a formal evaluation of their submission (*).
- I confirm that I **do not agree** that the employee(s) has/have evidenced a substantial change to the duties and the level of the responsibilities and request a formal evaluation of their submission (*).

(*) – please tick one box only

Signed:

Print Name:

Post Title:

Service Area:

Group:

Date: