|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix A**  **HERA RE-GRADING APPLICATION FORM** | | | | |
| Name of current role holder / Applicant: | | |  |  |
| Department: | | |  |
| Current Role Title: | | |  |
| Current grade: | | |  |
| Date of last review (if applicable) | | |  |
| Line Manager comments:  (These comments should indicate the changes in the position, the associated impact on the department/rest of the team and any other considerations that Line Manager feels are appropriate for the Regrade Panel to take into consideration) | | |  |
|  |
|  | | | This is to confirm that I support this application for regrading |  |
|  | | | Name: |
|  | | | Position: |
|  | | | Date: |
| Budget holder Declaration | | | This is to confirm that I support this application for regrading  Position:  Name:  Date |
|  | | |  |  |
| Effective date of any change in grade: | | Payroll month after successful Regrade HERA panel outcome | |  |
| This form, together with an up-to-date job description which tracks the proposed changes should be  forwarded electronically to the HR Reward Team at [job.evaluation@brunel.ac.uk](mailto:job.evaluation@brunel.ac.uk) | | | |