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| **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 regradingPosition: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 beforwarded electronically to the HR Reward Team at job.evaluation@brunel.ac.uk  |