

APPEAL APPLICATION FORM

This form is to be used to appeal against the review held by a Job Evaluation Panel and the decision to allocate a pay band. Please read the Appeals Process carefully before completing this form.

Name: **Job Title:**

Directorate:

Work Address:

Contact telephone number (during the day):

Email address (this must be an address which you check on a regular basis):
.....

Name of Line Manager:

I believe that there has been a material change to my Job Description that was not accurately assessed by the Review Panel. I request that my application is submitted to a second panel with the attached information.

Signed: **Print:**

Line Manager's signature **Print:**

Please keep a copy of this form for yourself and give/send the original form to the HR Business Support Team, Admin Block, Thurrock Community Hospital or via email to [REDACTED]

OFFICE USE ONLY

Date request received:..... **Within timescale for review? Yes / No**

Date acknowledgement sent to employee:

Band determined by matching:

Yes / No

Band:

Title of national job profile used if banded :

Band determined by job evaluation :

Yes / No

Band:

Date outcome sent to employee and manager:

Name of JEPS involved in original banding result: