

**REQUEST FOR JOB EVALUATION**

Directorate/School \_\_\_\_\_ Section/Unit \_\_\_\_\_

Contact Officer \_\_\_\_\_ Telephone \_\_\_\_\_

**DETAILS OF JOB TO BE EVALUATED**Job Profile Attached  Organisation Structure Attached 

Post Title \_\_\_\_\_ Post No \_\_\_\_\_

Multiple Post? YES  NO  Number of others affected Does this affect any other evaluated post? Yes  No 

Give details (Post No's if available)

\_\_\_\_\_

**REASON FOR EVALUATION**New Post  Re-evaluation 

If re-evaluation, please give **FULL** detail of changes, i.e., additional responsibilities in terms of budgets, staff, operational requirements, etc., and state areas of change in the profile. A substantial material change must be demonstrated. Please continue on a separate sheet if required. **NB.** If this section is not completed in full or insufficient detail is supplied the evaluation will not be undertaken and the form will be returned to the contact officer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORISATION TO EVALUATE**

Agreed by Service Director or Head of Service/Headteacher\*: \_\_\_\_\_ Date: \_\_\_\_\_  
 (\*Forms will not be accepted unless signed by either of the above.)

**OUTCOME**

	Ability	Problem Solving	Responsibility	Service Delivery	Management of People	Independent Decision Making	Interaction	Total Score	SCP
New Score									
Old Score*									

\*If applicable

Discussed with Line Manager: Yes  No 

Evaluated by \_\_\_\_\_ Date: \_\_\_\_\_ Quality Checked by \_\_\_\_\_ Date: \_\_\_\_\_

Agreed by Head of Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

**RESULTS**

Directorate/School Notified  Date: \_\_\_\_\_  
 Individual Notified  Date: \_\_\_\_\_  
 Original to ER Recruitment Services  Date: \_\_\_\_\_