

**Job Evaluation Request**

This form must be authorised by the Chief Executive and Depute Chief Executive before being submitted to HR Services along with the job evaluation assessment questionnaire.

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| **Prior to submitting a request the Job Evaluation e-learning module on** [**Mylearning**](https://mylearning.westlothian.gov.uk/) **should be completed.** |

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| 1. **POST DETAILS** |  | |  |
| **Post Title:** |  | |  |
| **Service Area:** |  | |  |
| **Service Function:** |  | |  |
| **Service Unit:** |  | |  |
| **Cost Centre:** |  | |  |
| **Current Salary Band:** |  | |  |
|  | |  |  |
| 1. **REASON FOR EVALUATION**: (please tick as appropriate) | |  |  |
|  | |  |  |
| * **New post:** | |  |  |
| * **Existing post which has undergone a material change as a result of changes to work requirements:** | |  |  |
| * **Existing post which has undergone a material change as a consequence of a service restructure:** | |  |  |
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| 1. **JUSTIFICATION SUPPORTING REQUEST** | | |
| * 1. Summary of changes to post / responsibilities: | | |
| * 1. Benefits to the council from changes: | | |
| * 1. Financial Implications: | | |
| * 1. Number of FTE associated with this post: |  | |
| * 1. Names of employees affected by this change: | | |
| 1. **DETAILS OF SERVICE RESTRUCTURE** (if applicable) | | |
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| Date of commencement of employee consultation: |  |  |
| Proposed date of implementation: |  |  |
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| 1. **AUTHORISATION** |  |  |
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| **Signed by Head of Service:** |  |  |
|  |  |  |
| **Date:** |  |  |
| **Signed by Depute Chief Executive** |  |  |
| **Date:** |  |  |
|  |  |  |
| **Supported by Chief Executive:** |  |  |
|  |  |  |
| **Date:** |  |  |
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