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**Re-grading Application Form**

If this form is completed electronically, the boxes will grow to accommodate your response. If you require a hard copy of the form please contact the [Reward and Benefits Team](https://www.staffnet.manchester.ac.uk/people-and-od/current-staff/pay-conditions/hera/contact-us/).

Once completed and verified the form should be submitted to your [People and OD Partner](https://www.staffnet.manchester.ac.uk/people-and-od/aboutpeopleod/contact-us/peopleod-partners/) together with original and updated job descriptions and any supporting documentation, including a current structure chart where available.

**Applications will not be assessed until all documentation has been received.**

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| **Name:** | **Staff Number:** |
| **Organisational Unit (Division/School/Faculty/Directorate):** |
| **Current Job Title:** | **Proposed Job Title:** |

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| **Summary of how the role has changed, including details of additional duties and responsibilities required of the role:** |

**Please record evidence of additional duties or responsibilities undertaken against each of the applicable HERA elements (guidance notes can be accessed via the** [**Reward and Benefits website**](https://www.staffnet.manchester.ac.uk/people-and-od/current-staff/pay-conditions/hera/hera-regrades/)**)**

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| --- |
| 1. **Communication**
 |
| **Oral** |
| **Written** |
| 1. **Teamwork and Motivation**
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| 1. **Liaison and Networking**
 |
| **Liaison** |
| **Membership of Networks** |
| **Initiating, Building or Leading Internal Networks** |
| **Initiating, Building or Leading External Networks** |
| 1. **Service Delivery**
 |
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| 1. **Decision Making Processes and Outcomes**
 |
| **Independent** |
| **Group** |
| **Advice** |
| 1. **Planning and Organising Resources**
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| 1. **Initiative and Problem Solving**
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| 1. **Analysis and Research**
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| 1. **Sensory and Physical Demands**
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| 1. **Work Environment**
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| 1. **Pastoral Care and Welfare**
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| 1. **Team Development**
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| 1. **Teaching and Learning Support**
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| 1. **Knowledge and Experience**
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| **Other Significant Activities** |
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| Individual:I confirm that the above represents a true and accurate picture of my additional duties and responsibilities now undertaken. |
| Name: |  |
| Signed: |  |
| Date: |  |

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| **Verification** |
| The Manager and Senior Approver should complete and sign either Section A or B below as appropriate |

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| **Section A** |
| Manager:I **agree** that the above represents a true and accurate picture of the additional duties and responsibilities now undertaken by the applicant. |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |
| Senior Approver:I **agree** that the above represents a true and accurate picture of the additional duties and responsibilities now undertaken by the applicant. |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |

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| **Section B** |
| Manager: I **do not** agree that the above represents a true and accurate picture of the additional duties and responsibilities undertaken by the applicant for the reasons outlined below and can confirm that these have been discussed with the individual. |
|  |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |
| Senior Approver: I **confirm** that I agree with the Manager’s summary above. |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |