**Appendix 6**

**JOB EVALUATION REVIEW OUTCOME REQUEST FORM**

|  |  |
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| **NAME** |  |
| **DEPARTMENT** |  |
| **JOB TITLE** |  |
| **LINE MANAGER** |  |
| **JOB MATCHING BANDING OUTCOME** |  |

**To request a review you must state which of the factors in the job matching/evaluation result you disagree with. Please give this information below, providing an explanation of why you disagree. You can also attach written evidence with this form.**

|  |  |
| --- | --- |
| **Factor No** | **Why disagree**  |
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| --- |
| **Post Holder** |
| Signature |  | Date completed |  |
| Name |  | Job Title |  |
| **Manager** |
| Signature |  | Date completed |  |
| Name |  | Job Title |  |

**Once completed please forward to the AFC administrator at :** afc@liverpoolft.nhs.uk.

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Please note that full information as to the reasons why you wish a review to be undertaken must be given for a review to be scheduled/undertaken

This request form must be approved by your manager

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| --- |
| **For HR Use Only** |
| Post Ref No. & Date of Original job matching panel |  | Date received in AFC inbox/HR |  |