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**APPEAL AGAINST RE-EVALUATION RESULT**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Professional Services Division / Faculty / School: |  | |
| Job Group No. |  | |
| Job Title: |  | |
| Date of email notifying outcome of re-evaluation: |  | |
| Grounds of Appeal (delete those not relevant): | Flaw in Process  Incorrect scoring/matching  Direct Comparator | |
| Please provide a full explanation of your ground for appeal, bringing the panel’s attention to appropriate evidence within the Job Description, as appropriate:  **Note – the job description must not be amended** |  | |
| Role-holder’s Declaration: | *“I confirm I agree with the content of this appeal.”*   (check box) | |
|  | Name: | |
| Date: |  | |
| Line Manager’s Declaration: | *“I confirm I agree with the content of this appeal.”*   (check box) | |
|  | Name: | |
| Line Manager’s Comments: |  | |
| Date: |  | |
| Professional Services Divisional Manager’s / Faculty Manager’s / School Manager’s Declaration: | *“I confirm I agree with the content of this appeal.”*   (check box) | |
|  | Name: | |
| Date: |  | |
| **PLEASE FORWARD THIS FORM BY E-MAIL TO THE RELEVANT FACULTY/DIVISIONAL HR MANAGER** | | |
| **For HR Use Only** | | |
| **Date received:** | |  |
| **Deadline for appeal receipt** (**a deadline of 4 weeks from the date of notification to the role-holder is applicable for the ‘non-trivial flaw’ and ‘incorrectly scored’ routes of appeal):** | |  |
| **Is the Appeal ready to be forwarded to the Panel for consideration:** | | **YES**  **NO** |
| **Name of Role Expert to attend the panel (where deemed necessary by the HRM/O):** | |  |
| **Where appropriate, any contextual information for the Technical Adviser:** | |  |
| **HR Manager/Officer:** | |  |
| **Date:** | |  |
| **Please now forward to: reward-team@bristol.ac.uk** | | |