Business Case template for **Request for Job Regrade**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Employee full name: |  |
| Employee number: |  |
| Current Post title: |  |
| School/Directorate: |  |
| Current Grade & spinal point: |  |
| Current Job Family and/or Career Pathway |  |
| Proposed grade: |  |
| Proposed Job Family and/or Career Pathway |  |
| Effective date of change: |  |

1. **JUSTIFICATION**

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| --- | --- |
| Please detail reasons for the proposed changes to the job description, including how this supports University strategy. Please describe what equal pay measures have been considered in making this business case.   * Collegiality – one team working, planning and delivering together, toward our shared vision * Quality – always striving to achieve the highest quality in everything we do * Internationalisation – delivering across global markets and building strong partnerships with other leading universities * Sustainability – ensuring our actions lead to financial, social and environmental sustainability | |
|  | |
| Please describe what equal pay measures for the school/directorate have been considered in making this business case and how they have been addressed.  How does this role job description align to any Equal Pay action plans in place within the school/directorate? | |
|  | |
| Please ensure copies of the following are attached to this business case:   * Current Job Description * Proposed Job Description * Current Organisational Structure chart (if NO changes are planned) OR Proposed Organisational Structure chart if there are changes in the management reporting lines | |
|  | |
| Line manager name: |  |
| Line manager signature: |  |
| Date: |  |

1. **APPROVAL – Head of School/Executive Director/Director**

|  |  |
| --- | --- |
| I confirm approval of the request as detailed above. | |
| Head of School/Service name: |  |
| Head of School/Service signature: |  |
| Date: |  |
| Additional comments: | |
|  | |

1. **APPROVAL – Dean/COO**

|  |  |
| --- | --- |
| I confirm approval of the request as detailed above. | |
| Dean/COO name: |  |
| Dean/COO signature: |  |
| Date: |  |
| Additional comments: | |
|  | |

1. **APPROVAL - HR Business Partner**

|  |  |
| --- | --- |
| I confirm that I am aware of the request as detailed above. | |
| HR Business Partner name: |  |
| HR Business Partner signature: |  |
| Date: |  |
| Additional comments: | |
|  | |

1. **FINANCE RECEIPT – Head of Faculty Finance/Finance Manager**

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| --- | --- |
| I confirm that I am aware of the request as detailed above. | |
| Head of Faculty Finance/Finance Manager name: |  |
| Head of Faculty Finance/Finance Manager signature: |  |
| Date: |  |
| Additional comments: | |
|  | |

1. **RETURN TO**

Please submit the completed form to the Reward Team at [reward@soton.ac.uk](mailto:reward@soton.ac.uk)