**Job Evaluation for professional services roles**

This form should be completed alongside a Job Description and sent to the relevant HR Business Partner for evaluation.

1. Does the role holder have management responsibility, if so, how many employees will they directly line manage and what are their grades?
2. Will the role holder be expected to train staff within/outside the team – if so, please outline who and the relative frequency (weekly/monthly/annually)?

1. Will the role holder play an active part of any networks (connecting regularly with groups outside their team)? If so, please outline what these networks are, whether the role holder would be expected to establish the network, and the input they are expected to have.
2. Predominant work location Office or Lab (Please delete as appropriate)
3. Will the role holder have any of the formal health and safety responsibilities for a group?

Divisional Safety Officer Fire Marshall

Any other (please outline)………………………………………………………………….

1. Outline examples of the type of independent decisions the role holder will be expected to make and the impact of those decisions.
2. Outline examples of typical problems that the role holder will be required to solve and please indicate their relative frequency and complexity?

Organisation Chart Attached

**Financial Approval**

Signature ……………………………………………………………….…

Date ……………………………………………………………….…

**Director of Operations Approval**

Signature ……………………………………………………………….…

Date ……………………………………………………………….…