**Allied and Technical Pay Equity Settlement**

**Translation to Designated Salary Scale**

**Appeal Application**

***If an employee does not agree with the assessment of whether their role is a Designated position, the employee must first raise their concerns with their manager and their local District Chief Allied Health, Scientific and Technical to try to resolve the issue locally and involve their Union if the member needs support.***

***Only if this is unsuccessful, will the following appeal process apply:***

***Employees are encouraged to discuss their own circumstances and documentation with their union or if not a union member, independent employment advisor, for advice prior to proceeding.***

**General Information**

**Who can submit an appeal?**

An employee can submit an Appeal Application Form if they believe their role was not correctly assessed as a Designated role during the implementation of the Allied, Scientific, and Technical pay equity settlement.

**What is the timeframe for submitting an appeal?**

**Appeals must be submitted within 6 weeks.**

Appeals must be submitted within the latter of:

* 6 weeks from the relevant District implementing the pay equity settlement salary rates or,
* 6 weeks from when this appeals process is published on the Health New Zealand Te Whatu Ora website.

Where extenuating circumstances exist, such as for employees who are on leave (with or without pay), the 6-week appeals period commences on the date of their return to work.

After the 6-week period, any pay related issues should be raised with the employee’s manager to be addressed through normal processes.

**How can employees appeal?**

Employees must email the Appeal Application Form and any supporting material to the National Chief Allied Health, Scientific and Technical Lead and their local District Chief Allied Health, Scientific and Technical.

**What documents do the employees need to submit as part of their appeal?**

The appeal application must include supporting evidence, for example:

* An appointment letter that includes evidence that the role is a designated position.
* Appropriate merit/CASP achievement and process documentation that demonstrates the position is a designated role.
* Position description and/or equivalent task list that demonstrates the position is a designated role.
* The key functions and activities of the work that demonstrate it is a Designated position.

**How can your manager help with your appeal?**

Managers can submit supporting evidence of responsibilities and activities that relate to a designated role on behalf of the employee in the Manager section of the Appeal Application Form.

**Can your manager submit an appeal on behalf of their team members?**

No. Employees must directly submit their application, but they can seek support from their manager, as outlined above.

**Can a union representative submit an appeal on behalf of their union members?**

No. Employees must directly submit their application, but they can seek support from their union representative.

**When will the outcome of appeals be communicated to the employee?**

When the Appeal Application Form and supporting documentation is received, the employee will be sent an acknowledge of receipt.

The outcome of the appeal will be communicated to the employee within 6 weeks of the Appeal Application Form being received by the Chief Allied Professions Officer.

If the appeal is upheld, the translation to the Designated salary scale will be backdated to 1 June 2023 or when the employee started in the Designated position (whichever is later).

**Application Form**

Please complete all sections below and send both form and supporting information to the National Chief Allied Health, Scientific and Technical Lead and their local District Chief Allied Health, Scientific and Technical.

**Employee Information**

|  |  |
| --- | --- |
| **Employee Full Name:** |  |
| **Employee Number:** |  |
| **Date Submission:** |  |
| **Contact Number:**  |  |
| **Contact Email:** |  |
| **Service/Department:** |  |
| **Position Title:** |  |
| **Current Step:** |  |
| **Merit process completed: (Y/N)** |  |

**Manager Information**

|  |  |
| --- | --- |
| **Manager Name:**  |  |
| **Manager Contact Number:**  |  |
| **Manager Email Address:**  |  |

**Appeal Information**

|  |  |
| --- | --- |
| **Summary of Appeal:**  |  |
| **Supporting Attachments (please list):**  | **1.** |
| **2.** |
| **3.** |
| **4.** |