



## Job Evaluation Request

**IMPACTED JOB INFORMATION:**

<b>Employee Name(s):</b>	<b>Union/Association:</b> <input type="checkbox"/> CMM <input type="checkbox"/> CUPE Local 7 <input type="checkbox"/> CUPE Local 21 <input type="checkbox"/> OOS
<b>Job Title:</b>	
<b>Division:</b>	<b>Department/Branch:</b>
<b>Position Number(s):</b>	<b>Job Number:</b>

**REASON FOR REQUEST:** *\*If required, attach sheet with additional information*

<input type="checkbox"/> Create <input type="checkbox"/> Reclass <input type="checkbox"/> Update <input type="checkbox"/> Other: _____
<b>REASON(S):</b> (Please include information on changes to portfolio, reporting structures, addition or removal of duties, etc.)

**SIGNATURES:** Are required but do not constitute formal agreement to the content or reasons

<input type="checkbox"/> Department <input type="checkbox"/> Employee <input type="checkbox"/> Human Resources <input type="checkbox"/> Union/Assoc.		
Submitter Name (print name)	Signature	Date
Supervisor Name (print name)	Signature	Date
Department Head Name (print name)	Signature	Date