

## JOB EVALUATION RECONSIDERATION FORM

To request a reconsideration of a job's evaluation results please complete this form and have it signed by the job's direct exempt supervisor. The period to request a reconsideration is from September 26, 2018 to October 26, 2018. Any requests outside of this period will be addressed as per Article 27.04 of the Collective Agreement. Please be aware that the results of a reconsideration request may cause a job's pay level to increase or decrease.

<b>Job Title:</b>	<b>Job Description #:</b>
<b>Department(s):</b>	<b>Location(s):</b>
<b>Number of employees in job:</b>	
<b>Explanation of reason for reconsideration request</b> (attach an additional page if required and provide reasons, rationale and any new information for why you think the job evaluation results should be reconsidered):	
<b>Request initiated by</b> (names) :	
<b>Signature(s):</b>	<b>Date:</b>

<b>Exempt Supervisor Signature:</b>	<b>Date:</b>
<b>Exempt Supervisor Comments (optional):</b>	
<b>Please send request to <a href="mailto:Compensation@RMWB.ca">Compensation@RMWB.ca</a> and <a href="mailto:Admin@CUPE1505.ca">Admin@CUPE1505.ca</a></b>	

<b>JOB EVALUATION DECISION RESULTS</b>	
Internal Use: To be completed by Rating Review Committee	
<b>Date Reconsideration Received:</b>	<b>Decision Date:</b>
<b>RATING RESULTS:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change      Pay Level:	
<b><u>Rating Review Committee Comments:</u></b>	
<b><u>Rating Review Committee Members:</u></b>	
<b>Human Resources to send copies to:</b> <input type="checkbox"/> Employee(s) <input type="checkbox"/> Supervisor <input type="checkbox"/> Union	