



Request for Appeal of Job Evaluation Review Results Form

Employee Name:

Department:

Position Number:

**Based upon your completed Job Fact form and the requirements of the Collective Agreement
please provide us with your specific reason for the appeal based upon:** *(additional space on page 2)*



Request for Appeal of Job Evaluation Review Results Form *(continued)*

Specific reason for the appeal (Continuation for first page):

****An appeal shall not be submitted to, or considered by, the panel based on new information which differs from the information provided for the initial review – Article 23.13 (c) (ii)****

Signature: _____

Date:

**Forward this completed form to:
Virginia Wickstrom, Manager, Human Resources**