POSITION RE-EVALUATION REQUEST FORM
CUPE ONLY

STEP 1: IDENTIFICATION

Re-evaluation requested by (Print name): ________________________________ Department: ________________________________

Signature: ________________________________ Date (MM/DD/YY): ________________________________

Re-evaluation initiated by (Check one box): ☐ Employee* OR ☐ University

Position number(s): ________________________________ Current position classification: ________________________________

For information, forms and Collective Agreement information on position re-evaluation, please refer to:

- Human Resources website and phone: 778-782-3237;
- CUPE, Local 3338 Collective Agreement Article 17 Job Re-evaluation and Reclassification

STEP 2: REQUIRED DOCUMENTATION AND INFORMATION

☐ Copies of existing and revised approved job descriptions in the standard job description format
☐ Summary of the substantive differences between the existing and revised job descriptions
☐ Completed WJQ Custom Part II: Job Questionnaire Answer Sheet
☐ Funding arrangements (for University initiated requests only if different from University budget practices)

STEP 3: APPROVAL REQUIRED

Employee Initiated Request

Supervisor Approval: ________________________________ Date: ________________________________

University Initiated Request

Dean or Senior Administrative Director Approval: ________________________________ Date: ________________________________

STEP 4: SUBMIT RE-EVALUATION REQUEST FORM AND REQUIRED DOCUMENTS TO HUMAN RESOURCES

NOTE: In accordance with Article 17.03(a) if a CUPE employee has requested this re-evaluation, the supervisor is required to submit a copy of the complete re-evaluation package to CUPE, Local 3338 on the same day it is sent to Human Resources.