



**CUPE LOCAL 1334**

**and**

 **UNIVERSITY OF GUELPH**

 **JOB EVALUATION**

 **RECONSIDERATION (APPEAL) FORM**

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| **Incumbents Name (Please Print):** |
| **Position Title:** | **Dept/Pos #:** |
| **Department:** | **Location:** |

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| **REASON FOR REQUEST:** **Please explain rationale/reason for disagreement below.** |
| **EXPLANATION OF REASON FOR RECONSIDERATION REQUEST** **(BASED ON SPECIFIC FACTORS):**Please ensure that your comments relate to the factors. For example: I disagree with the evaluation of the KNO(Knowledge) factor because . **Please attach additional information as required.** |

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| **REQUEST INITIATED BY:**  **Incumbent Supervisor** |
| **Incumbent (Signature):**  **Date:** |
| **Supervisor (Please Print): Signature:**  **Date:** |
| **Director (Please Print): Signature:**  **Date:** |

**NOTE: ALL REQUESTS FOR RECONSIDERATION MUST BE SIGNED BY THE INCUMBENT(S), SUPERVISOR, AND DIRECTOR, AND SUBMITTED TO HUMAN RESOURCES WITHIN FIFTEEN (15) WORKING DAYS OF RECEIPT OF THE JOB EVALUATION RESULTS.** **PLEASE KEEP A COPY FOR YOUR RECORDS.**

**THIS FORM IS AVAILABLE AT:** <https://www.uoguelph.ca/hr/managers-job-design-job-evaluation/job-evaluation-forms>

**HARD COPIES ARE AVAILABLE THROUGH THE UNION OFFICE, YOUR SUPERVISOR, OR HUMAN RESOURCES**

CONFIRMATION OF RECEIPT OF REQUEST FOR RECONSIDERATION WILL BE RETURNED TO INCUMBENTS.

(Department & Position #)

(Job Title)

(Job Evaluation Coordinator on behalf of the Committee)

**c: CUPE 1334** HUMAN RESOURCES March /01

**SUPERVISOR** Revised April 05