# **University of Guelph and USW Local 4120**

# **Job Evaluation Appeal Form**

|  |  |
| --- | --- |
| Employee Name: |  |
| Job Title: |  |
| Dept/Position Number: |  |
| Department Name: |  |
| College/Directorate: |  |
| Supervisor Name: |  |

The Appeal Process is an opportunity to present **additional** information not included in the original Job Information Questionnaire (JIQ):

* **where it is felt that the information did not adequately describe the job; OR**
* **where important job content information was not sufficiently considered**

Refer only to duties that were in effect at the time of the initial JIQ submission. Changes made to the job since the initial JIQ completion should be addressed through a subsequent JIQ submission.

1. **Complete the information below for the factors you are requesting to be appealed**. Provide examples from your job to show why you believe the rationale on a subfactor should be changed. Use the USW Job Evaluation Factor Manual as a reference and to help guide your response.
2. **Once complete, send the form to**:
   * If the form was initiated by the employee, the form should be sent to the employee’s supervisor for comment
   * If the form was initiated by the supervisor, the form should be sent to the employee for comment
   * The form should be provided to the other party within 10 business days of receipt of the evaluation results (or 15 days for multi-incumbent jobs), to allow for sufficient time to review and comment.
3. Once all parties have reviewed and provided comment, submit the form to Human Resources.

\*\*\* Submit completed Appeal Form to [jobeval@uoguelph.ca](mailto:jobeval@uoguelph.ca) within 20 business days of receipt of the evaluation results (30 business days for multi-incumbent jobs) \*\*\*

|  |  |
| --- | --- |
| **Factor:** Choose an item. | |
| **Current Rating:** | **Proposed Rating:** |
|  | |
| Supervisor Comments: | |
|  | |

|  |  |
| --- | --- |
| **Factor:** Choose an item. | |
| **Current Rating:** | **Proposed Rating:** |
|  | |
| Supervisor Comments: | |
|  | |

|  |  |
| --- | --- |
| **Factor:** Choose an item. | |
| **Current Rating:** | **Proposed Rating:** |
|  | |
| Supervisor Comments: | |
|  | |

|  |
| --- |
| **Additional Employee Comments:** |
|  |
| **Additional Supervisor Comments:** |
|  |

**Approval Signatures**

|  |
| --- |
| Employee Signature(s): Date: |
| Manager/Supervisor Signature(s): Date: |
| Chair or Department Head Signature: Date: |
| Dean or Director Signature: Date: |