

 **REQUEST FOR RECONSIDERATION**

 **PROFESSIONAL/MANAGERIAL JOB EVALUATION**

Within **15 working days** of receiving evaluation results, the request for reconsideration form(s) including all required signatures must be emailed to jobeval@uoguelph.ca. Copy all persons listed in Section 3 on the email. **A separate form is required for each contested factor.**

**1) POSITION IDENTIFICATION**

|  |  |
| --- | --- |
| Department & Position NumberClick or tap here to enter text. | Position Title: Click or tap here to enter text. |

**2) REASONS FOR RECONSIDERATION**

I and/or we\* have reviewed the grade assigned to the position in Choose an item.

The position has been assigned a grade of **###** for this factor and I and/or we believe that it should be a grade of **###** for the following reasons:

\*

\*

\*

**3) APPROVAL SIGNATURES**

I agree with the above information.

|  |  |
| --- | --- |
|  |  |
| **Employee\***(Sign above, fill details below)Name: Click or tap here to enter text.Title: Click or tap here to enter text.Date: Click or tap to enter a date.  | **Immediate Supervisor**(Sign above, fill details below)Name: Click or tap here to enter text.Title: Click or tap here to enter text.Date: Click or tap to enter a date. |
|   |   |
| **Chair or Department Head**(Sign above, fill details below)Name: Click or tap here to enter text.Title: Click or tap here to enter text.Date: Click or tap to enter a date. | **Dean or Director**(Sign above, fill details below)Name: Click or tap here to enter text.Title: Click or tap here to enter text.Date: Click or tap to enter a date. |

**\* (Indicates one employee or group of employees occupying the same position).**