**APPENDIX B**

**PROCEDURES FOR CHANGED JOBS**





**CUPE LOCAL 1334**

**and**

**UNIVERSITY OF GUELPH**

**NOTE:** To determine if your job has changed and needs to be reviewed, please refer to the Check List below. It is important to complete all the necessary steps before you submit your request. The Job Analysis Questionnaire Change Form and Check List, and Job Analysis Questionnaire 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.

**CHECK LIST**:

Before you submit your request, please ensure that you have completed the following:

Reviewed my current Job Analysis Questionnaire to determine if there are significant changes

Discussed changes with my supervisor

Completed a new Job Analysis Questionnaire

Completed the Job Analysis Questionnaire Change Form and documented significant changes

Forwarded the Job Analysis Questionnaire and Job Analysis Questionnaire Change Form

CUPE 1334 Union Office, Room 347, University Centre

My Supervisor

Human Resources, Angie McLaughlin, Job Evaluation Coordinator

Kept copies of all the above for my records

Revised Jan 2007

**APPENDIX B**

**CUPE LOCAL 1334**





**and**

**UNIVERSITY OF GUELPH**

**Job Analysis Questionnaire Change Form**

The Job Analysis Questionnaire Change Form and Check List, and Job Analysis Questionnaire 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

**NOTE TO SUPERVISOR/INCUMBENT:**

Within fifteen (15) working days of receipt of the Job Analysis Questionnaire Change Form and

Job Analysis Questionnaire, the Supervisor/Dean/Director a) shall consider the form, and b) complete the form and forward to Angie McLaughlin, Human Resources, documenting your rationale.

1. Position Identification

Department Number: \_\_\_\_\_\_\_\_\_\_ Position Number: \_\_\_\_\_\_\_\_

Job Title:

Department/Division:

Location:

Name: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

1. Changes

1. If the general description of this job has changed, **please review the attached check list and submit a new Job Analysis Questionnaire.** The Job Analysis Questionnaire should detail any changes to the job and must accompany this submission as per 6.1(a) in the Maintenance Manual CUPE 1334.

2 Are there significant changes to the duties and responsibilities presently stated on your Job Analysis Questionnaire. Yes [ ] No [ ]

If yes, please specify the duty section, (i.e., 1,2,3,4) and state the change only.

|  |  |
| --- | --- |
| **Duty** | **Change** |
|  |  |
|  |  |
|  |  |
|  |  |

Have the minimum knowledge, educational and/or specific training requirements changed?

Yes [] No [] Please specify.

Has the time period of relevant experience and training necessary to learn and carry out the required job duties changed? Yes [] No [] Please specify.

Based on the changes stated in duty sections, knowledge and/or experience, are there further changes in:

a) Initiative, judgement and choice of action? Yes [] No [] Please specify.

b) Mental effort? Yes [] No [] Please specify.

c) Physical effort? Yes [] No [] Please specify.

d) Dexterity? Yes [] No [] Please specify.

e) Accountability? Yes [] No [] Please specify.

f) Safety of Others? Yes [] No [] Please specify.

g) Supervision of Others? Yes [] No [] Please specify.

h) Contact/Communication skills? Yes [] No [] Please specify.

i) Exposure to disagreeable conditions? Yes [] No [] Please specify.

Other Comments:

Supervisor comments (please reference appropriate section of this change form):

**ALL PARTIES SHOULD KEEP A COPY FOR THEIR RECORDS.**

**THE INCUMBENT SHOULD FORWARD A COPY TO THE CUPE 1334 UNION OFFICE.**

Revised Jan 2007