



JOB EVALUATION REQUEST

Please complete this form, attach a copy of the revised job description and send the package to Cassandra Mak in Employee Relations.

Division:	Job Title:
Department:	Job Number:
Date of request:	

Employee name	Employee Signature	Date signed	Local
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VP name	VP Signature	Date signed	Local
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Supervisor name	Supervisor Signature	Date signed	Local
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Administrator name	Administrator Signature	Date signed	Local
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Please check one of the following:

- Update language or housekeeping request (not required to complete the sections on next page)
- Request a Reclassification (if this box is checked, required to complete the sections on the next page)
- New position (attach budget approval, required)

Describe New Duties, provide rationales and give examples (**required – please complete this section if you are requesting a reclassification**):

Date when duties were added: _____

Describe Duties no longer performed and give examples (if applicable):

Date duties were discontinued: _____