

**Position Review Appeal Form  
For Positions in CUPE 1975**

An appeal may be requested within 30 calendar days of receipt of the written decision from Human Resources.

Should the space provided not be sufficient, please attach a sheet and indicate the applicable section.

**A. EMPLOYEE INFORMATION**

Employee Name:	Phone:
Employee's E-mail address:	Employee Identification Number:
Supervisor's Name:	Phone:
Supervisor's E-mail address:	
Department/Administrative Unit:	
Current Family and Phase:	

**B. REASON FOR POSITION REVIEW** *Please review the Job Placement Manual and provide an explanation as to why you think this position is placed in the incorrect job family and/or phase. The Job Placement Manual is available at: [Job Placement Manual](#)*

**C. PRIMARY PURPOSE** *Describe the primary purpose of the position by defining the overall reason(s) the position exists.*

**D. NATURE OF WORK** *Describe the nature of work for this position including to whom the position reports to, type of work, and working environment.*

**E. DUTIES** *Outline the key roles and functions of the position*

**F. QUALIFICATIONS** Describe the education, experience and skills required for this position

Education:

Experience:

Skills:

**G. ADDITIONAL INFORMATION** Provide any additional information you think is relevant for the review

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, you are stating that all information provided accurately reflects your position.*

Dept. Head, Director or Designated Signatory \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, you are stating that you concur with the information provided. If you do not concur, please attach any relevant comments.*

**Please keep a copy of the completed form for your records  
and submit the original form to Human Resources**

**Please note that Human Resources will not return or provide copies of the original form.**