

# COMMUNITY SOCIAL SERVICES JOINT JOB EVALUATION PLAN

## CLASSIFICATION REVIEW FORM

Instructions: To request a classification review, please complete this form and fax to the agency, the classification department of your Union and CSSEA, and keep the original for your records.

<b>Job Information</b>			
Agency Name			Union
Job Description Title		Location / Program	
Current Classification (benchmark or point value rating for unique job)			
<b>Contact Information</b>			
Name of Person(s) Initiating this Review Request		Home Email Address	
Work Phone Number	Home Phone Number	Fax Number	
<b>Reason for Review</b> (please check all that apply)			
<input type="checkbox"/> Disagree with Classification of New Job		<input type="checkbox"/> Disagree with Classification of Changed Job	
<input type="checkbox"/> Disagree with New / Changed Job Description		<input type="checkbox"/> Material Change to Job but Job Description Not Updated / New Job but Job Description Not Created	
Please provide an explanation of the reason(s) for review, suggested outcome and rationale. Attach additional sheets / supporting documents if required.			
Review initiated by			
<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Agency	<input type="checkbox"/> Union	<input type="checkbox"/> CSSEA
<b>Signature(s) and Date</b>			
Signature of Person(s) Initiating this Review Request			Date



BC Government & Service  
Employees' Union  
Fax: 604-294-5092



Canadian Union of Public  
Employees  
Fax: 604-291-7048



BC Health Services Division of  
CUPE  
Fax: 604-456-7098



Health Sciences Association of  
BC  
Fax: 604-439-0976  
1-800-663-6119



Community Social Services  
Employers' Association  
Fax: 604-687-7266