

NON-MANAGEMENT POSITION CLASSIFICATION APPEAL

Employee Name: _____

Position No.: _____

Ministry: _____

Date Original Classification Decision Sent to Employee: _____

Date Written Notice From Departmental Review Sent to Employee: _____
(First step of appeal process)

Ministry's Classification Decision:

Class No.: _____

Classification: _____

PREP Ratings:

Knowledge: rating _____ points _____

Creativity/PS: rating _____ points _____

Responsibility: rating _____ points _____

Total Points: _____

Classification Requested by Employee:

Class No.: _____

Classification: _____

This classification was requested

- ___ on job description
- ___ step 1 of appeal process
- ___ other

PREP Ratings:

Knowledge: rating _____ points _____

Creativity/PS: rating _____ points _____

Responsibility: rating _____ points _____

Total Points: _____

Signature: _____

Date: _____

(Authorized Ministry Human Resource Officer)

Name: _____

**UPON COMPLETION FORWARD THIS DOCUMENT ALONG WITH THE
CURRENT AND PREVIOUS POSITION DESCRIPTIONS/FUNCTIONAL PROFILES DIRECTLY TO:**

**Classification Appeal Board
6th Floor, Peace Hills Trust Tower
10011 - 109 Street
EDMONTON, Alberta T5J 3S8
Fax: 780-427-5131**