

MANAGEMENT JOB EVALUATION APPEAL REQUEST FORM

PLEASE NOTE: *An employee who is seeking a higher class has 15 working days from receipt of the written decision from the departmental review committee to file an appeal with the Management Job Evaluation Appeal Board*

Employee Name: _____ **Position No.:** _____

Working Title: _____ **Business Phone:** _____

Ministry: _____ **Division:** _____

Mailing Address: _____

E-Mail: _____

Current Class:

Class No.: _____

Class Title: _____

Knowledge: rating _____ points _____

Problem Solving: rating _____ points _____

Accountability: rating _____ points _____

Total Points: _____

Requested Class:

Class No.: _____

Class Title: _____

Knowledge: rating _____ points _____

Problem Solving: rating _____ points _____

Accountability: rating _____ points _____

Total Points: _____

Date Original Job Evaluation Decision Received: _____

Date Written Notice Received From Departmental Review: _____

(First stage of appeal process)

I appeal the classification of this position because I consider its duties and responsibilities are best described by the class requested above.

Signature: _____

Date: _____

**SEND COMPLETED FORM TO: Management Job Evaluation Appeal Board
6th Floor, Peace Hills Trust Tower
10011 - 109 Street
EDMONTON, Alberta T5J 3S8
Fax: 780-427-5131**