

## NON-MANAGEMENT POSITION CLASSIFICATION APPEAL

**PLEASE NOTE:** *An employee can appeal a classification within 15 working days after receiving written notification of the classification decision. The employee's qualifications, the volume of work, the effective date of the classification or the pay grade assigned to the job code are not valid grounds for an appeal. The appeal request must be based on the classification requested by the employee at the time the job description or functional profile was submitted to Human Resources.*

- *In the case where the duties of the appellant are similar to a benchmark, the focus of the presentation is to identify noticeable differences from what is described in the benchmark that would support the classification level requested.*

**Employee Name:** \_\_\_\_\_ **Position No.:** \_\_\_\_\_

**Working Title:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Ministry:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Bargaining Unit:** \_\_\_\_\_ **Excluded:** \_\_\_\_\_ **Opted Out:** \_\_\_\_\_

**Current Classification:**

Class No.: \_\_\_\_\_

Classification: \_\_\_\_\_

PREP Ratings:

Knowledge: rating \_\_\_\_\_ points \_\_\_\_\_

Creativity/PS: rating \_\_\_\_\_ points \_\_\_\_\_

Responsibility: rating \_\_\_\_\_ points \_\_\_\_\_

Total Points: \_\_\_\_\_

**Requested Classification:**

Class No.: \_\_\_\_\_

Classification: \_\_\_\_\_

PREP Ratings:

Knowledge: rating \_\_\_\_\_ points \_\_\_\_\_

Creativity/PS: rating \_\_\_\_\_ points \_\_\_\_\_

Responsibility: rating \_\_\_\_\_ points \_\_\_\_\_

Total Points: \_\_\_\_\_

**Date Original Classification Decision Received:** \_\_\_\_\_

**Date Written Classification Decision Received From First Level Classification Appeal:**

\_\_\_\_\_ (First step of appeal process)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SEND COMPLETED FORM TO:** Classification Appeal Board  
 cab.appeals@gov.ab.ca  
 or  
 6th Floor, Peace Hills Trust Tower  
 10011 - 109 Street  
 EDMONTON, Alberta T5J 3S8