

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.

Job Information			
Agency Name			Union
Job Description Title		Location / Program	
Current Classification (benchmark or point value rating for unique job)			
Contact Information			
Name of Person(s) Initiating this Review Request		Home Email Address	
Work Phone Number	Home Phone Number	Fax Number	
Reason for Review (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
Signature(s) and Date			
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
classifications@hsabc.org



Community Social Services
Employers' Association
classification@cssea.bc.ca