

## 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**