

JOB EVALUATION RECONSIDERATION FORM

Incumbent's Name:	
Job Title	Job #
Department:	Location

REASON FOR REQUEST:	INSTRUCTIONS:
<input type="checkbox"/> Creation of new job	Attach draft job description
<input type="checkbox"/> Six-month review of new job	Attach completed Job Analysis Questionnaire and draft job description
<input type="checkbox"/> Change in job duties and/or responsibilities	Attach completed Reconsideration Request Form and draft job description
<input type="checkbox"/> Disagree with rating and/or job description	Attach completed Reconsideration Request Form
<input type="checkbox"/> Other	Please specify and explain below

EXPLANATION OF REASON FOR RECONSIDERATION REQUEST:

REQUEST INITIATED BY:			
<input type="checkbox"/> Incumbent(s)	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Employer	<input type="checkbox"/> Union
Signature:			Date:

NOTE: Please send original to Maintenance Committee via Human Resources. Human Resources will forward copies to::

Incumbent(s) Supervisor Union