

CUPE Job Evaluation Appeal Form

Last revised: October 2020
Last reviewed: May 2017
Next review: May 2018

This form should be used to appeal established rating

Employee Information

Working Title

Classification Level

Position #

Location

Department

Immediate Supervisor's Name

Immediate Supervisor's Job Title

This is to advise that (please circle the appropriate statement):

I wish to appeal the following subfactors for the reasons below:

OR

I do not wish to appeal

Employee Name (Please Print)

Employee Signature

Date