



CLASSIFICATION JOB REVIEW REQUEST

Employer:

Local:

Site:

Form Number JRR:

Section 1 – Personal Information for:

Name:

Address: (Street, City, Postal Code)

Home Telephone:

Work Telephone:

Mobile:

Section 2 – Employment Information:

Employee Status: Full-Time Part-Time Casual

Job Title:

Seniority Date:

Department:

Work Area/Site:

Monthly Wage Rate:

(Highest Increment)

Hourly Wage Rate:

(Highest Increment)

Benchmark Title:

Benchmark Pay Rate Code:

Section 3 – Reclassification Request:

The above job title is incorrectly slotted and should fall under the title of
benchmark with a present pay rate of *(use highest increments)* /month /hour
due to the following job duties and/or qualifications:

Member Signature

HEU Steward/Officer

Date:

Section 4 – Employer Response

Employer's Response:

Employer's Signature:

Date:

In accordance with the Classification Maintenance Plan the Employer will forward copies of this form within 10 calendar days to: Union office.