

COMMUNITY SUBSECTOR (CBA) COLLECTIVE AGREEMENT CLASSIFICATION REVIEW FORM

EMPLOYER NAME: _____

UNION/LOCAL: _____

NAME OF PERSON(S) INITIATING THIS REVIEW REQUEST: _____

If this review is for more than one employee please provide a complete list of claimants using additional pages if necessary

HOME ADDRESS: _____

(Street, City, Postal Code)

HOME TELEPHONE: _____ WORK TELEPHONE: _____ FAX: _____

SENIORITY DATE: _____ EMPLOYEE STATUS: Full time Part time Casual

CURRENT JOB TITLE: _____ GRID: _____ WAGE RATE: _____

LOCATION/PROGRAM/WORKSITE: _____

CURRENT BENCHMARK TITLE(S): _____

I (WE) SUBMIT THAT THE ABOVE NOTED JOB IS INAPPROPRIATELY MATCHED AND MORE APPROPRIATELY MATCHES:

_____ (Benchmark Title)

REASONS FOR JOB'S PRESENT CLASSIFICATION BEING INAPPROPRIATE: (Use additional pages if necessary)

SIGNATURE OF PERSON(S) INITIATING THIS REVIEW REQUEST: _____

UNION OFFICER/SHOP STEWARD SIGNATURE: _____

In accordance with the Maintenance Agreement, Article 7.3, the Employer must review this Classification Review Form and notify the Union and HEABC of its determination in writing within 30 days.

EMPLOYER RECEIVED CLASSIFICATION REVIEW FORM ON (DATE): _____

EMPLOYER'S RESPONSE: _____

EMPLOYER'S NAME/TITLE: _____

EMPLOYER'S SIGNATURE: _____

EMPLOYER'S RESPONSE DATE: _____

GENERAL INSTRUCTIONS

To request a classification review, please read “Classification Reviews”, pages 94-95 of the 2014-2019 Collective Agreement, then complete this form and email, fax or copy it along with your job description (if available) to **each** of the following:

1. Your Employer *
2. Your Chief Steward/Health Chair

*NOTE: The Community Classification Review Form (CRF) has a line identifying when the Employer received the classification form. It is important that this line be completed because any pay adjustment resulting from a successful review will take effect **the date the Employer received the form**. (See 10.2 (1) Pay Adjustments, page 98 of the 2014-2019 Collective Agreement)