



Job Description Review Form - Appellant

(For Positions in CAW Local 555, Unit 1)

The Review must be received within 10 Working Days from the date the Evaluation outcome is communicated to the Appellant, unless an extension is requested within that period by the Appellant and granted by Human Resources; such a request shall be for a maximum extension of 10 Working Days and shall not be unreasonably denied. To request an extension, please email ryandv@mcmaster.ca with an explanation of your circumstances.

JD #:
JD Title:

Appellant's Name:
Appellant's Employee ID #:
(If there are multiple appellants requesting review please complete Review Form Appendix A)

Review Requested By ("the Appellant(s))": Incumbent *or* Manager

Reason for Review Submission:	
	The Job Description is inaccurate.
	The Evaluation outcome is inaccurate.
	The incumbent's wage rate has not been correctly implemented in accordance with the Collective Agreement, including the effective date of implementation.

Explanation of Appellant's Request

Signature

Appellant Name (Please Print)	Appellant Signature	Date (mm/dd/yyyy)

Please submit completed form to the JE2009 Review Committee c/o Human Resources Services, Campus Services Building, room 202.

