

RECONSIDERATION SUMMARY FORM

JCQ #: **J00573**

(The JCQ # for your job is found in the identification section of the Rating Note)

Instructions:

This form is used to summarize which subfactors you are submitting for reconsideration. Specific forms for each subfactor to be reconsidered are available on either of these websites (www.workingatmcmaster.ca/jjesc/ or www.cawlocal555.ca/jjesc.html) or from the CAW Local 555 Office in GH B111. A sample of a completed Reconsideration Summary Form is available on the websites. Requests for reconsideration should be completed jointly by the employee and supervisor.

Step 1: Fill in the JCQ # in the above box.

Step 2: Complete the forms for each subfactor you are submitting for reconsideration. Fill in the JCQ # on each form you are submitting and attach the forms to this Reconsideration Summary Form. The Job Rating Committee will review the original JCQ submitted along with this reconsideration. Do not include information that is already in your JCQ.

Step 3: Complete the attached Request for Reconsideration Signature Page.

Step 4: Make a copy for your records and submit the fully-completed and signed reconsideration package by the deadline date to the Job Rating Committee c/o Wentworth House room 118 or email to jrc@mcmaster.ca. If you email the package, your completed original signature page must be received in Wentworth House room 118 by the deadline date.

| Subfactor(s) to be Reconsidered | Reason | Effective Date of Change |
|---------------------------------|--|--------------------------|
| 1 | I didn't include the information in my original JCQ | June 16, 2005 |
| 2 | | |
| 3 | I didn't provide examples of professional development in my original JCQ | June 16, 2005 |
| 4 | | |
| 5 | | |
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| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |

The Request for Reconsideration Signature Page must be completed and attached.

Request for Reconsideration Signature Page

JCQ #: J00573
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For multi-incumbent submissions, photocopy this sheet as necessary

| EMPLOYEE INFORMATION: | |
|--------------------------------|------------|
| Name: | ID #: |
| Department: | Job Title: |
| Work Address: | |
| Phone/Ext #: | E-mail: |
| Signature: | Date: |
| SUPERVISOR INFORMATION: | |
| Name: | Title: |
| Work Address: | |
| Phone/Ext #: | E-mail: |
| Signature: | Date: |