Human Resource Services 204-632-2319

Request for Job Evaluation

Please follow these steps for classification and reclassification requests:

1. Complete the [Job Description Template form](https://www.rrc.ca/staff/files/2020/08/RRC-Job-Description-Template.docx). Save in MS Word file format for electronic package submission. Refer to the [Job Descriptions Writing Guide](https://teamsites.rrc.ca/departments/Information/Forms/Shared%20Documents/RRC%20-%20Job%20Description%20-%20Writing%20Guide%20-%202020.pdf?_ga=2.215610263.1699596265.1615300089-1610574082.1613163344&_gac=1.149750274.1614908677.EAIaIQobChMIxJ2GyoOY7wIVkobACh0eFQT9EAAYASAAEgKj4PD_BwE)while completing the template.
2. Review completed Job Description with your Human Resource Consultant.
3. Complete the [Request for Position Review form](https://www.rrc.ca/staff/files/2020/08/Request-for-Position-Review.docx) and obtain all required signatures (digital signatures permitted). Save as a PDF.

* If submitting for a new position, you must receive budget committee approval prior to submission.

1. Provide an updated Department Organizational Chart that includes the job being evaluated. Save as a PDF.
2. Email all three files to [classifications@rrc.ca](mailto:classifications@rrc.ca). Please do not send any hard copies to HR – retain the electronic documents until you receive confirmation the review has been completed.

Request originated by: Management Employee

Type of request: New Job Classification

Reclassification of Existing Job (Vacant) Reclassification of Existing Job (Encumbered)

Updated Job Description – No Reclassification Required

|  |  |  |
| --- | --- | --- |
| Name: Check if vacant | | Immediate Leader: |
| Existing Position Title: | | Position ID #:  (Required for existing positions) |
| Proposed Position Title (if change requested or for non-existing positions): | | |
| Department / Area: | | |
| Background for Request (for reclassification requests or updates, include what is changing): | | |
| Employee Comments |  | |
| Supervisor/Manager Comment |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
| Immediate Leader Signature: |  | Date: |  |
| Dean/Director/ED Signature: |  | Date: |  |
| HRC Signature |  | Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **FOR HR Administration & JJEC USE ONLY:** | | |  | | Received in Classification Mailbox | Signature: | Initials: | Date: | | JJEC Review Date | Decision  Effective Date |  | | |  |

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