

June 1, 2018
HJ



Request for Reassessment FORM (to be completed by USW)

JCQ Information

JCQ #:

Position number(s) and incumbent name(s):

Description of Dispute

Sub-Factor	Current Rating	Proposed Rating	Rationale (USW)

Comments

Schedule "G"

Signature of USW Representative: _____

(print name)

Date: _____