

Schedule "H"

HL June 1, 2018
[Signature]

USW Local 2010 Job Evaluation Results Appeal Form

JCQ #: _____

Position #: _____

Incumbent name: _____

Manager name: _____

Please provide details of any **additional** information that you believe was omitted or insufficiently credited in the evaluation process and an explanation of how this **additional** information might affect the rating of the sub-factor(s).

Sub-Factor: Education	Original Rating :
Additional Information to Consider:	
Sub-Factor: Experience	Original Rating :
Additional Information to Consider:	
Sub-Factor: Interpersonal and Communications Skills	Original Rating :
Additional Information to Consider:	
Sub-Factor: Problem Solving and Complexity	Original Rating :
Additional Information to Consider:	
Sub-Factor: Supervision and Functional Guidance	Original Rating :
Additional Information to Consider:	
Sub-Factor: Planning and Coordination	Original Rating :
Additional Information to Consider:	
Sub-Factor: Impact of Decisions	Original Rating :
Additional Information to Consider:	
Sub-Factor: Physical Effort	Original Rating :
Additional Information to Consider:	
Sub-Factor: Concentration	Original Rating :
Additional Information to Consider:	

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Sub-Factor: Physical Environment/Health and Safety Risks	Original Rating :
Additional Information to Consider:	
Sub-Factor: Job Pressure	Original Rating :
Additional Information to Consider:	
Additional Incumbent Comments:	
Additional Manager Comments:	
Employee Signature:	
Manager Signature:	

Please note: In order for an Appeal to proceed for a position with multiple incumbents, an individual Appeal Form must be submitted independently by at least half of the current incumbents.