

Request for Classification Review Form
BCGE Support Staff
(Reference Articles 18 and 20)

This form is for changes to existing job descriptions only; please do NOT use for new job descriptions

Review initiated by: Employee
 Employer

Employee Name:

Position Number:

Current Classification:

Current Job Title:

Portfolio/Division:

Department:

THIS REQUEST FOR CLASSIFICATION REVIEW IS ACCOMPANIED BY THE FOLLOWING



2. Consequence of Error in Judgment

Based on the change to the position, what is the consequence of error in judgment made by the employee? Please select and then provide examples.

Error has minimal effect on services provided and/or minimal financial costs

Error has limited effect on services provided and/or limited financial costs

Error has obvious and adverse effect on services provided resulting in reduced services, financial costs and requires intervention from Supervisors to deal with repercussions

Error has serious effect on services provided resulting in reduced services, significant financial costs and requires intervention from Senior Managers to deal with repercussions

3. Financial Responsibility

List any change to the responsibility or accountability for finances and provide

4. Supervision

How many full time equivalent (FTE) positions does this position directly supervise? Please list titles and job FTE.

If, this position does involve supervision please indicate below which supervisory responsibilities apply to this position:

Scheduling and assigning work

Oversees tasks and assignments, checks work in progress and upon completion

Training staff

STAFFING (Please select one)

Not applicable

Makes short term adjustments to staffing allocations

Has input into hiring or promotion recommendations

Makes recommendations for hiring and promotions

EVALUATIONS (Please select one)

Not applicable

Establishes work standards and monitors work quality

Has input into appraisals and evaluations

Responsible for appraisals and evaluations

5. Contacts

List any changes to positions this job communicates with.

What is this purpose of the communication? Please select one of the below options:

To exchange/discuss information in accordance with policies and technical practices

To clarify/exchange and discuss information of a detailed or specialized nature (requiring specialized knowledge)

To gain cooperation, coordinate activities/programs and/or mitigate high tension or emotional situations

To obtain funding, initiate major programs/policies, negotiate major contracts and/or handle other special situations.

6. Work Related Conditions

List any changes to the physical working conditions (i.e. increased time sitting at computer; requires moderate or heavy lifting, etc.).

List any changes to the sensory fatigue that results from performing the duties of the job, including the frequency of performing tasks that cause sensory fatigue and/or the length of time spent on tasks that cause sensory fatigue.

List any changes to the working conditions (examples: increased time in warehouse environment, increased/decreased exposure to hazards).

7. Other

List any other changes to the position or notes about the modified job description.

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