CUPE 5791 Compensation Model

Application for Appeal of Classification Determination

Position Job Title: ________________________________
Position Number: ________________________________
Faculty/Department/Unit: __________________________
Job Family and Phase: _____________________________
Employee Name: _________________________________
Supervisor Name: ________________________________

In accordance with Article 11.2.4 of the Collective Agreement between the University of Regina and CUPE 5791, I hereby appeal the classification determination of the above/my position.

___________________________________  __________
Signature  Date

Reason for Appeal

(Provide a brief explanation of the reason(s) the position is submitted for appeal and/or the specific aspects of the job you feel may not have been appropriately assessed during the classification review. Please describe examples of the work performed that support the reason(s) for this appeal.)

___________________________________________________

(Additional space for reason for appeal if necessary.)