



BCGEU Request for Classification Review

(Reference Article 20)

Note: Positions classified as a result of new duties going forward resulting in a higher classification may require posting as per Article 21.

Submitted by:	
Faculty/Department:	
Current Job Title of Reviewed Position:	
Current Classification of Reviewed Position:	
Current Incumbent (if applicable):	

Choose **one** of the following three options, if you require clarity, please contact the Compensation Consultant

1. New Position	2. Position Classified (new duties going forward or existing vacant position)	3. Position Reclassified (duties have evolved)
<input type="checkbox"/> New Job Description <input type="checkbox"/> Organizational Chart from Manager <input type="checkbox"/> Job Description of any comparator positions (optional)	<input type="checkbox"/> Cover letter summarizing differences <input type="checkbox"/> Existing Job Description <input type="checkbox"/> Existing Job Description with track changes <input type="checkbox"/> Final Job Description without track changes <input type="checkbox"/> Organizational Chart from Manager <input type="checkbox"/> Job Description of any comparator positions (optional)	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Employer Initiated <input type="checkbox"/> Employee Initiated </div> <input type="checkbox"/> Cover letter summarizing differences <input type="checkbox"/> Existing Job Description <input type="checkbox"/> Existing Job Description with track changes <input type="checkbox"/> Final Job Description without track changes <input type="checkbox"/> Organizational Chart from Manager <input type="checkbox"/> Job Description of any comparator positions (optional) Reclassification retroactive effective date (per article 20.2 (c)) _____

Please provide all documents required related to the proper action (new, classified, reclassified).

Administrative Units - Prior to submitting, please connect with your Finance Manager to alert them of this potential cost for budgeting purposes.

Signatures	
Employee:	Date:
Manager:	Date:
For Human Resources use only:	
Date received by Human Resources:	
Date of meeting with HR/Union Rep (if position reclassified):	

Submit this form and all documents electronically to: Angela McLean, Compensation Consultant (angela.mclean@ubc.ca) Phone: 250-807-8582
