

#### **Purpose:**

To provide staff with opportunity to appeal job ratings. This process is not designed to deal with issues that should be resolved through other processes (i.e. re-evaluation or grievance, temporary performance of higher duties, etc.)

The Appeal Committee does not adjudicate job content disputes where supervisor/employee do not agree on job duties.

#### **Committee Composition:**

The Appeal Sub-Committee will be comprised of two union and two management representatives as selected by the Job Evaluation Policy Maintenance Committee. Appeal Sub-Committee members shall serve a one-year renewable term.

#### **Appeals:**

Appeals may only be made on the movement of a point allowing for the presentation of rationale as to why the appellant disagrees with the movement.

Clarification provided on appeals shall be limited to specifically stating the rationale on why an item should not have been moved. New information cannot be included in this clarification.

Appeal documents must be signed off by all signatories.

**Note: When an application for appeal is submitted, all factors will be reviewed.**

#### **Process:**

The appellant(s) must forward a written application for appeal, (Form D attached), within 15 working days of notification of the decision by the Evaluation Sub-Committee, to the local Maintenance Plan committee representatives.

The local Maintenance Plan Committee representatives will forward copies of the appeal to all signatories of the original evaluation. The local representatives will discuss the appeal with all signatories within 10 working days. The local representatives will be in possession of the original evaluation, the rating form and any clarification received with regard to the evaluation.

The role of the local representatives is to provide information and clarification only; they have no authority to change a rating. The local representatives will forward the appeal to the Appeal Sub-Committee chairperson within 15 working days (inclusive of 10 review days above) of receipt from appellant(s).

**NOTE: If a local representative appeals his/her rating, a member from another college will**

replace them on the local committee.

The Appeal Sub-Committee will acknowledge receipt of the request for appeal, in writing, with copies to all signatories.

The appeal hearing will normally take place within 8 weeks of notification of results from the Evaluation Sub-Committee with the Appeal Sub-Committee endeavoring to run consecutive meetings.

Quorum for appeal hearings shall consist of three members of the Appeal Sub-Committee.

Any signatory, appellant or advocate may attend the appeal hearing. Signatories and/or appellants may present their case in person, teleconferencing and/or in writing. Appellants may bring advocates (to present their case only). The Appeal Sub-Committee may ask questions of the signatories present. The Appeal Sub-Committee will meet privately to prepare a ruling.

The Appeal Sub-Committee will inform the signatories of its decision, in writing, within 5 days of the hearing.

The Appeal Sub-Committee will operate by consensus. The Appeal Sub-Committee decision is final and binding.

If the Appeal Sub-Committee cannot reach consensus, the appeal will be referred to the Dispute Resolution Sub-Committee whose decision will then be final and binding.

The Appeal Sub-Committee will be responsible for submitting all official documentation to the Maintenance Committee Co-chairs.



# Regional Colleges' Job Evaluation Plan Application for Appeal

## Form D

Employee Name:

College:

Address:

Position:

FTE:

Supervisor:

Out of Scope Supervisor:

Identify factor movement being appealed and justify why it should **not** be moved.

*(Note: Attach additional pages if required)*

Signatures:

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Out of Scope Supervisor: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Local Committee Representatives Reviewed: \_\_\_\_\_



# Regional Colleges' Job Evaluation Plan

## Application for Reassessment

### FORM C

Employee Name:

College:  
Address:

Position:

FTE:

Supervisor:

Out of Scope Supervisor:

Identify factors where information has been missed or added.

**NOTE: A REVISED FORM B MUST ACCOMPANY THIS APPLICATION FOR REASSESSMENT.**

Signatures:

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Out of Scope Supervisor: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Local Committee Representatives Reviewed: \_\_\_\_\_

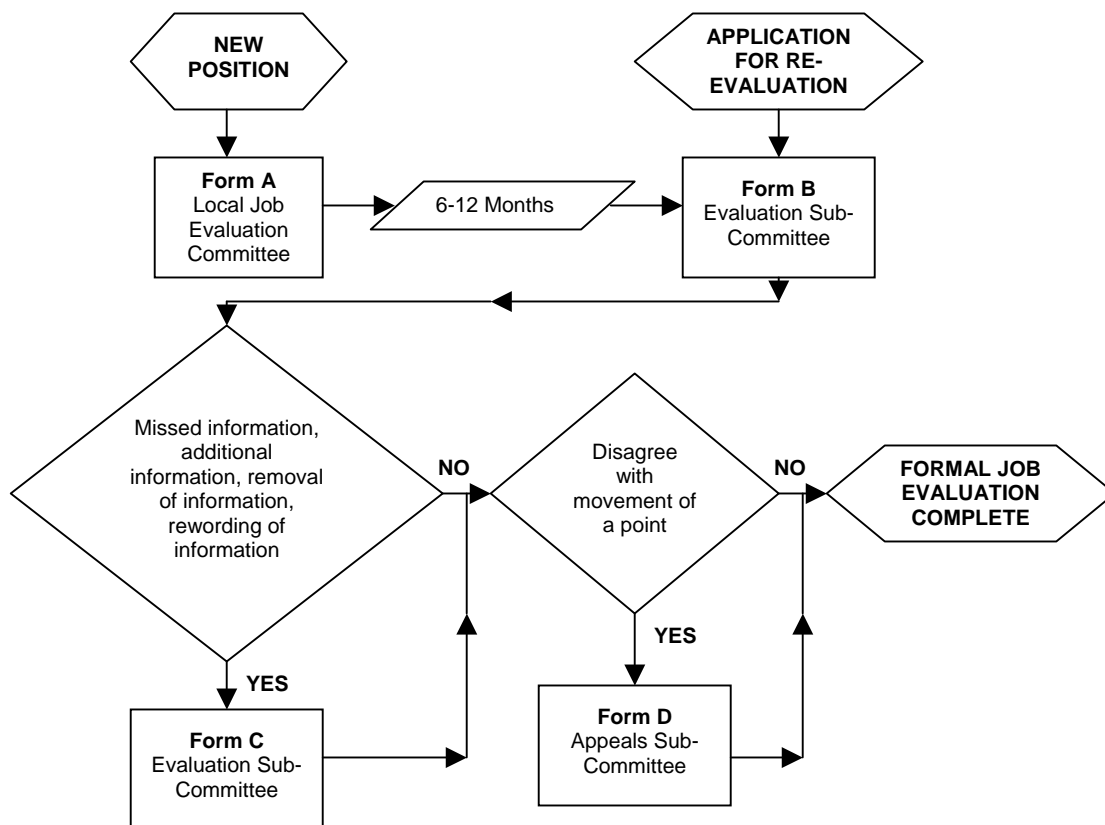
## Regional Colleges' Job Evaluation Plan

### Application for Reassessment

If you believe there is missed or additional information, removal of information or rewording of a point necessary, you may submit a Form C (attached), complete with a revised Form B.

The Form C must be approved by all signatories and submitted to the Evaluation Sub-Committee within 10 working days of notification of the original decision.

Flow of Documents will now be:



Percentages may only be changed to accommodate missed or additional information.

The Evaluation Sub-Committee will rate the revised Form B according to defined process and timelines.

At that point, the Appeal Process on the revised Form B would apply.