

**Professional Employees Association  
POSITION CLASSIFICATION APPEAL**

PLEASE NOTE:

1. Prior to the completion of this form, please ensure that the procedures contained in Article 33.02(a) and (b) have been exhausted.
2. Employee qualifications, individual job performance, volume of work or salary negotiated for the classification are not valid grounds for an appeal.

Name of Incumbent: \_\_\_\_\_ Position No. \_\_\_\_\_

Position Title: \_\_\_\_\_

Ministry: \_\_\_\_\_

Division/Branch: \_\_\_\_\_ Location: \_\_\_\_\_

1. I appeal the classification of this position because I consider the responsibilities are best described in the following classification or LSO Level.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where the LSO point-rating plan has been used, state also:

Current detailed point rating: \_\_\_\_\_

Detailed point rating proposed: \_\_\_\_\_

2. Explain why and how the duties you are required to perform equate to the classification or level being proposed. (Please use additional space if required).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List those position(s) you consider to have principal responsibilities which are directly comparable to the position being appealed (include position title and PMS number).

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4. Describe those responsibilities in the above position(s) which you consider to be directly comparable to your position (use additional space if required).

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5. List any new responsibilities performed on a regular basis and not included in your approved job description upon which this appeal is based.

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6.(a) What date were these duties added \_\_\_\_\_ ?

(b) Were the duties transferred from another position? If so indicate position and PMS #.

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Upon completion please forward this form through your supervisor to the Ministry's Personnel Office.

DATE RECEIVED: \_\_\_\_\_

BY: \_\_\_\_\_  
(Ministry Personnel Office)

DATE RECEIVED: \_\_\_\_\_

BY: \_\_\_\_\_  
(Public Service Employee Relations Commission)