**FULL-TIME SUPPORT STAFF**

**JOB EVALUATION CHANGE FORM**

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| **Position Title:** |  |
| **Incumbent:** |  |

1. Supervisor to complete the sections below indicating the factors of the position description form (PDF) that have been changed and the rationale for classification review.

2. Supervisor to submit this form along with the revised PDF to your HR Consultant for review.

3. HR Consultant to review PDF to ensure all relevant information is listed and in the proper categories and that change form is complete.

4. HR Consultant to review changes and determine if classification review is warranted. If so, HR Consultant will forward this change form and revised PDF to Denyse Kovac-Brown, HR Consultant Lead for support staff classification.

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| **Factor:** | **Summary of changes:** |
| 1A. Education – minimum |  |
| 1B. Additional Education |  |
| 2. Experience – minimum |  |
| 3. Analysis and Problem Solving |  |
| 4. Planning/Coordinating |  |
| 5. Guiding/Advising Others |  |
| 6. Independence of Action |  |
| 7. Service Delivery |  |
| 8. Communication |  |
| 9. Physical Effort |  |
| 10. Audio/Visual Effort |  |
| 11. Working Environment |  |

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Leader’s signature Date

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HR Consultant signature Date

Submitted for classification review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date