



APPENDIX B

JOB ANALYSIS QUESTIONNAIRE CHANGE FORM (CUPE)

This form is to be submitted under the following conditions (check all that apply):

- the duties and responsibilities of the position have been changed by Human Resource Services or the Supervisor; and/or
- the incumbent and/or the Union feel the duties and responsibilities of the position have been changed; and/or
- the current job description does not reflect the duties and responsibilities of the job.

Section 1	
<i>A Position Identification</i>	
Incumbent(s) Name(s) _____	Job #: _____
Job Title: _____	Location: _____
Department: _____	
Incumbent(s) Signature(s): _____ _____	
<p>Please indicate below if you are requesting an opportunity to address the Joint Job Evaluation Rating Committee.</p> <p>I/we would like to make a presentation to the JJEC: _____</p> <p>Name(s) of Incumbent(s) _____</p> <p>Telephone number of contact: _____</p>	

Section 2

B. Reason for the Request

In two or three sentences, outline the reason why the request is being made:

Section 3

C. Changes

1. If the general purpose of the position has changed, please submit a new Job Analysis Questionnaire.
2. If the general purpose of the position is the same, please review and complete numbers 3 through 7 as appropriate.
3. Are there significant changes to the key activities presently stated on your Job Analysis Questionnaire? No Yes

If yes, please specify the key activity (A, B, C, D or E) and state the change only.

Key Activity	Change

4. Have the minimum education and/or specific training requirements changed?

No Yes Please specify.

5. Has the time period of relevant experience necessary to learn and carry out the required job activities changed? No Yes Please specify.

6. Based on the changes stated in key activities, education and/or experience, are there further changes in:

a) The Decision Making aspects of this job: No Yes

b) The Problem Solving associated with the work: No Yes
Please specify.

c) The Consequences of Action resulting from insufficiently considered decisions or judgements: No Yes
Please specify.

d) The necessary Working Relationships with others: No Yes
Please specify.

e) The Leadership provided to others:

No

Yes

Please specify.

f) The Physical Demands associated with the work:

No

Yes

Please specify.

g) The Sensory Demands associated with the work:

No

Yes

Please specify.

h) The exposure to disagreeable working conditions or hazards:

No

Yes

Please specify.

7. Other Comments



Submitted on this date: _____

Signature(s) of Incumbent(s): _____

Section 4

Verification by Supervisor that the information has been reviewed:

Supervisor's Comments:

Supervisor's Signature: _____

Date: _____