

**COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT**  
**CLASSIFICATION REVIEW FORM**

EMPLOYER NAME: \_\_\_\_\_

UNION/LOCAL: \_\_\_\_\_ DATE CRF FILED: \_\_\_\_\_

NAME OF PERSON(S) INITIATING THIS REVIEW REQUEST: \_\_\_\_\_

If the review is for more than one employee please provide a complete list of claimants using additional pages if necessary

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ (Street, City, Postal Code)  
WORK TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_ EMPLOYEE STATUS: Full time [ ] Part time [ ] Casual [ ]

CURRENT JOB TITLE: \_\_\_\_\_ GRID: \_\_\_\_\_ WAGE RATE: \_\_\_\_\_

LOCATION/PROGRAM/WORKSITE: \_\_\_\_\_

CURRENT BENCHMARK TITLE(S): \_\_\_\_\_

I (WE) SUBMIT THAT THE ABOVE NOTED JOB IS INAPPROPRIATELY MATCHED AND MORE APPROPRIATELY MATCHES:

\_\_\_\_\_ (Benchmark Title)  
REASONS FOR JOB'S PRESENT CLASSIFICATION BEING INAPPROPRIATE: (Use additional pages if necessary)

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

SIGNATURE OF PERSON(S) INITIATING THIS REVIEW REQUEST: \_\_\_\_\_

UNION OFFICER/SHOP STEWARD SIGNATURE: \_\_\_\_\_

In accordance with the Maintenance Agreement, Article 7.3, the Employer must review this Classification Review Form and notify the Union and HEABC of its determination in writing within 30 days.

EMPLOYER RECEIVED CLASSIFICATION REVIEW FORM ON (DATE): \_\_\_\_\_

EMPLOYER'S RESPONSE: \_\_\_\_\_

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

EMPLOYER'S NAME/TITLE: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_

EMPLOYER RESPONSE DATE: \_\_\_\_\_

## GENERAL INSTRUCTIONS

To request a classification review, please complete this form and fax or copy it along with your job description ( if available) to the following:

1. Employer / Agency
2. Shop Steward / Local Union Office
3. Union Headquarters c/o Community Health Classification FAX #- BCGEU (604) 294-5092