Form B – Manager Form

CUPE 2950 Employee-Initiated Job Reclassification Request

For Central HR use only:

HR Reference # _____

Instructions

The manager should complete this form (Form B), sign it, and return it to the Total Compensation unit in Human Resources (GSAB) at the address shown at the bottom of the form.

*** Note that a copy of the completed Form B will be provided to CUPE 2950.

Rationale for Change

[1] Please respond to the information provided by the employee in "Form A" with respect to change(s) to the responsibilities, skills, and/or knowledge required for the job. Do you agree with the information provided by the employee in Form A? Indicate your response below. Please supplement or qualify any of the statements on the Employee's Form A as necessary.

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Signature:

Name of Employee who filed the Job Reclassification Request: _____

Manager Name: _____

Title: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Please forward the completed Form B to:

Total Compensation Unit
Human Resources
#350 – 2075 Wesbrook Mall
General Services Administration Building
Campus Mail Zone 1

cc: CUPE 2950 (HR will forward to CUPE 2950 office)