FORM B

THE UNIVERSITY OF BRITISH COLUMBIA
HUMAN RESOURCES

INTERNATIONAL UNION OF OPERATING ENGINEERS 882
EMPLOYER POSITION QUESTIONNAIRE FORM

Current Classification

________________________________________________________________________________________

TO BE COMPLETED BY MANAGER OR DESIGNATE
(For additional comments, please use reverse side of this form)

1. Do you consider that there are grounds for reclassification? Please indicate in what way the responsibilities, skills required or knowledge required have increased or decreased to warrant a change in the present classification. Approximately when did the change take place?

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2. Please supplement or qualify any of the statements on the Union’s Position Questionnaire where you think necessary:

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3. General remarks by Manager:

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Date:____________________________ Signed:______________________________________________

Phone:_____________________________________