

## CLASSIFICATION APPEAL FORM

If you do not agree with the classification decision regarding your current position, you may initiate an appeal within fourteen (14) calendar days of receiving the written decision.

To initiate an appeal, please provide the following information to CSU 52:

- Complete all sections of this Classification Appeal Form
- Include a copy of your position description and any additional new information
- Also send a copy of these forms to your Manager and the HR Consultant who determined the job level

CSU 52 will respond within fourteen (14) calendar days to provide notice and the justification for the appeal to yourself (and to Human Resources if your appeal is supported).

If you have any questions, please contact the HR Consultant who made the decision or a CSU 52 Labour Relations Officer.

*Refer to: 2018-2020 CSU 52 / EPCOR Collective Agreement, Article 21.02. Appeals*

Employee Name:		Employee Number:	
Email Address:		Work Phone:	
Business Unit:			
Department:			
Position Title:			
Position Number:			
Original Classification:			
New Classification:			
Requested Classification:			

**Once you have completed this form (including the *Rationale for Appeal* section), forward all pages to the CSU 52 Office.**

**Email: [info@csu52.org](mailto:info@csu52.org) or Fax: 780-479-7975**

- Copy to Human Resource
- Copy to Manager

**NOTE: This Appeal Form and supporting documentation must be submitted to the CSU 52 Office within fourteen (14) calendar days of receiving the written decision from Human Resources.**

## Rationale for Appeal

- This section must be completed in detail in order for your appeal to be considered.
- You need to indicate which stream and level you believe the position belongs to.
- You need to provide rationale that describes the level of work performed and how it differs from your current level position.
- The basis for your appeal must contain detailed rationale. Please ensure that an adequate amount of information is given to communicate your appeal.

If you require more space than this textbox allows, please send a separate Word document file for your rationale.

<input type="checkbox"/>	<b>Employee Signature:</b>		<b>Date:</b>	
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Click on checkbox to indicate signature if sending electronically.

<input type="checkbox"/>	<b>Received by CSU 52:</b>		<b>Date:</b>	
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