WLU/WLUSA Job Evaluation/Pay Equity Plan

REQUEST FOR RECONSIDERATION OF EVALUATION RESULTS

GUIDELINES FOR REQUESTING RECONSIDERATION
- **employees and managers may request reconsideration of the job evaluation <u>within fourteen (14) calendar days</u> of receiving the results**
- carefully review the Job Class Notes including the factor scores and explanations
- if one or more factor scores seem incorrect, compare the information provided in the Job Analysis Questionnaire (JAQ) to the factor score explanation.
- if the factor score(s) still seems incorrect, consult the Job Evaluation Plan to determine which factor level descriptor best matches the information provided in the JAQ.

IDENTICATION INFORMATION

Request Initiated By: Incumbent (s) Manager Both	**Incumbent I.D #:**
Name:	**Job Title/Class:** ***Multiple Incumbents? Yes No #_____**
Department Name:	**Direct Manager:**

Request for Reconsideration of Factor Scores

Use the chart(s) below to detail the job duties/responsibilities that support the proposed score.

FACTOR:_____ CURRENT SCORE:_____ PROPOSED SCORE:_____
Please provide the rationale and <u>specific</u> examples to illustrate the proposed change:

FACTOR:_____ CURRENT SCORE:_____ PROPOSED SCORE:_____
Please provide the rationale and specific examp les to illustrate the proposed change:

FACTOR:_____ CURRENT SCORE:_____ PROPOSED SCORE:_____
Please provide the rationale and <u>specific</u> examples to illustrate the proposed change:

FACTOR:_____   CURRENT SCORE:_____   PROPOSED SCORE:_____

Please provide the rationale and specific examples to illustrate the proposed change:

FACTOR:_____   CURRENT SCORE:_____   PROPOSED SCORE:_____

Please provide the rationale and specific examples to illustrate the proposed change:

AGREEMENT WITH REQUEST FOR RECONSIDERATION

Employee signature_____ **Date**_____

Manager signature_____ **Date** _____

*Multiple incumbent signatures if applicable

_____ **Date** _____
_____ **Date** _____
_____ **Date** _____
_____ **Date** _____

*if part of a multiple incumbent job class, signatures from at least 2/3 of incumbents are required to acknowledge their agreement with the request.

PLEASE SUBMIT THIS FORM TO HUMAN RESOURCES 202 REGINA ST.
- You will receive email confirmation of the receipt of your Request for Reconsideration
- Please allow 8 weeks for written communication of reconsideration results

FOR HUMAN RESOURCES USE ONLY

Request form received (date)_____Email confirmation_____

Committee Reconsideration (date)_____   Results sent (date)_____