

## **Job Description Review Form**

Appendix A
(For Positions in CAW Local 555, Unit 1)

The Review must be received within 10 Working Days from the date the Evaluation outcome is communicated to the Appellant, unless an extension is requested within that period by the Appellant and granted by Human Resources; such a request shall be for a maximum extension of 10 Working Days and shall not be unreasonably denied. To request an extension, please email ryandv@mcmaster.ca with an explanation of your circumstances.

JD #: JD Title:			
Signatures			
Employee ID #	Appellant Name (Please Print)	Appellant Signature	Date (mm/dd/yyyy)

