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| **REQUEST FOR RECONSIDERATION FORM** | |
| This form is used to request a reconsideration of rating decisions completed by the UVic/PEA Joint Job Evaluation Committee. Prior to completing this form review the information pertaining to requests and their requirements online (<http://web.uvic.ca/hr/jobevaluation/>).  Complete the form in full, indicate the factor(s) you are requesting the committee to reconsider and provide substantive, relevant information that has not yet been provided. Submit the completed, electronic copy to: [peajec@uvic.ca](mailto:peajec@uvic.ca), noting in the subject line: Request for Reconsideration, Position#, Incumbent Name. | |
| **Date submitted to Supervisor:** | **Department:** |
| **Position No:** | **Title:** |
| **Incumbent Name:** | **Supervisor name**: |
| **Excluded Manager name**: |  |
| **Factor:**  *Provide specific details or examples:* | |
| Supervisor’s Comments: | |
| Excluded Manager’s Comments: | |
| **Factor:**  *Provide specific details or examples:* | |
| Supervisor’s Comments: | |
| Excluded Manager’s Comments: | |
| **Factor:**  *Provide specific details or examples:* | |
| Supervisor’s Comments: | |
| Excluded Manager’s Comments: | |
| **Supervisor’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_  **Excluded Manager’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Employee’s Final Comments:**    **Employee’s Final Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |