

	Job Review Request Form (Please submit one form per request and retain a copy for your records) <u>Employee or Out-of-Scope Supervisor completes this form and forwards to the Employer's Human Resources Department.</u> <u>(forms can be obtained: www.working-for-health.ca/support/jobevaluation)</u>
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1. Date of Submission: _____

2. Via: (check one)

- ☐ Interoffice Mail
- ☐ Mail
- ☐ Fax
- ☐ By hand to whom:

Date received in HR:

3. Reason for Request: (check one)

- ☐ Changed Job
- ☐ New Job

4. Union Affiliation: (check one)

- ☐ CUPE
- ☐ SEIU-West
- ☐ SGEU

<u>Provincial JE Job Title:</u>	<u>Provincial JE Job Number:</u>
CURRENT: _____	_____
REQUESTED: _____	_____

Effective Date of Change: _____

4. Job Information for CHANGED Job (Reclassification):

(Process for an Employee(s) requesting to be reclassified to another existing job in plan or new job)

The following documents **MUST** be included with this request:

- ✓ Current Provincial Job Fact Sheet amended to reflect the changed job duties
- ✓ Any other documents/correspondence that are relevant to this request

Employee and Out-of-Scope Supervisor will complete these forms and forward to the employer's Human Resources Department.

5. Job Information for NEW Job:

(Process for Employers to create new jobs – no Employee(s) attached to submission)

The following documents **MUST** be included with this request:

- ✓ "Draft" Job Description for the newly-created position
- ✓ "Draft" Job Fact Sheet for the newly-created position
- ✓ Any other documents/correspondence that are relevant to this request

Out-of-Scope Supervisor will complete these forms and forward to the employer's Human Resources Department.

6. Employee Information (PLEASE PRINT):

Employee/Contact Name: _____ Employee Number: _____
Facility: _____ Department: _____
Former Health Region/Affiliate: _____ E-mail Address: _____
Home Phone: _____ Work Phone: _____
Home Address: _____ Postal Code: _____

NOTE: Attach a list of employee names, employee numbers, e-mail addresses, and phone numbers where you can be reached at, if this is a group submission or a contact name and contact information.

7. Out-of-Scope Supervisor Information (PLEASE PRINT):

Out-of-Scope Supervisor/Manager Name: _____
Facility: _____ Department: _____
Former Health Region/Affiliate: _____
Facility Address: _____
Facility Phone: _____ Facility Fax: _____

8. Human Resources Information (PLEASE PRINT):

Human Resources Contact Name: _____
Former Health Region/Affiliate: _____
Facility Address: _____
Facility Phone: _____ Facility Fax: _____

Addresses and Fax Numbers for Human Resource Departments of the former Health Regions:

Former Cypress Health Region
429 - 4th Avenue N.E.
Swift Current, SK S9H 2J9
Fax: 778-5157

Former Five Hills Health Region
55 Diefenbaker Dr.
Moose Jaw, SK S6J 1M5
Fax: 694-0388

Former Heartland Health Region
P.O. Box 2110
Site #10, Highway 4 South
Rosetown, SK S0L 2V0
Fax: 882-1389

Former Keewatin Yatthé Health Region
Box 40
Buffalo Narrows, SK S0M 0J0
Fax: 235-2229

Former Kelsey Trail Health Region
Box 1480
510 Broadway Avenue
Melfort, SK S0E 1A0
Fax: 752-2276

Former Mamawetan Churchill River Health Region
Box 6000, 227 Backlund Street
La Ronge, SK S0J 1L0
Fax: 425-5432

Former Prairie North Health Region
3820 - 43rd Avenue
Lloydminster, SK S9V 1Y5
Fax: 825-9880

Former Prince Albert Parkland Health Region
1521 - 6th Avenue
Prince Albert, SK S6V 5K1
Fax: 765-6431

Former Regina Qu'Appelle Health Region
2180 23rd Avenue
Regina, SK S4S 0A5
Fax: 766-5147

Former Saskatoon Health Region
c/o Human Resources
715 Queen Street
Saskatoon, SK S7K 4X4
Fax: 655-6220

Former Sun Country Health Region
Box 2003, Souris Valley Road
Weyburn, SK S4H 2Z9
Fax: 842-8740

Former Sunrise Health Region
270 Bradbrooke Drive
Yorkton, SK S3N 2K6
Fax: 786-0741

SAHO email - contact@saho.ca

If you work for an AFFILIATE or EXTENDICARE, please send to your Human Resources contact/Administrator.

FOR SAHO USE ONLY

Date Job Review Request Form Received in Human Resources: _____

Date Job Fact Sheet Received in Human Resources: _____

Date Copy provided to: Union: _____

JJEMC Assistant: _____

Date Acknowledgement Communicated to Employee: _____