RECONSIDERATION FORM

NAME:
JOB TITLE:
LOCATION:
DEPARTMENT:
SUPERVISOR'S NAME:

REASON FOR REQUEST:	**INSTRUCTIONS:**
☐ Disagree with Rating and/or Job Description	Please explain below, rationale/reason for disagreement with reference to particular subfactors
☐ Other	Please specify and explain below

EXPLANATION OF REASON(S) FOR JOB EVALUATION REQUEST:
REQUEST INITIATED BY: ☐ Incumbent(s) ☐ Supervisor ☐ Employer ☐ Union

_____ _____

_____ _____

_____ _____

Signature **Date**

PLEASE SEND ORIGINAL TO:
JOINT JOB EVALUATION MAINTENANCE COMMITTEE
SCHOOL BOARD OFFICE