



# Community Subsector Collective Agreement CLASSIFICATION REVIEW FORM

Name of Person(s) Initiating this Review Request: \_\_\_\_\_  
If the review is for more than one employee please provide a complete list of claimants using additional pages if necessary.

Home Address: (Street, City, Prov, PC): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employee Status: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Grid: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Employer: \_\_\_\_\_

Location / Program / Worksite: \_\_\_\_\_

Current Benchmark Title(s): \_\_\_\_\_

I (we) submit that the above-noted job is inappropriately matched and more appropriately matches:

\_\_\_\_\_  
(Benchmark Title)

**Reasons for job's present classification being inappropriate: (Use additional pages if necessary):**

Signature of person(s) initiating this review request: \_\_\_\_\_

**In accordance with the Maintenance Agreement, Clause 7.3 the Employer must review this Classification Review Form and notify the Union and HEABC of its determination in writing within 30 calendar days.**

Employer Received Classification Review Form on (Date): \_\_\_\_\_

*Please see Page 2 for Instructions*

**GENERAL INSTRUCTIONS:**

To request a classification review, please complete this form and fax or email it along with your job description (if available) to each of the following:

1. Employer /Agency
2. Union Head Office: c/o Community Health Classifications, UFCW 1518 via fax: 604-540-1520;  
**OR**  
via email: [reception@ufcw1518.com](mailto:reception@ufcw1518.com) or via "Email to Union" button on the PDF form