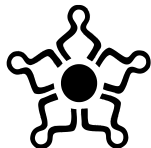


HEALTH SERVICES AND SUPPORT  
FACILITY SUBSECTOR



**B.C. GOVERNMENT AND  
SERVICE EMPLOYEES' UNION**

**CLASSIFICATION JOB  
REVIEW REQUEST**

Name of Worksite: \_\_\_\_\_

For: Name of member (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Home Address: (Street, City, Postal Code): \_\_\_\_\_

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

Home Email: \_\_\_\_\_ Work email: \_\_\_\_\_

Employee Status Date: \_\_\_\_\_  Full-Time  Part-Time  Casual

Department: \_\_\_\_\_ Work Area: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Wage Rate: \_\_\_\_\_ Benchmark Pay Rate Code: \_\_\_\_\_

Benchmark Title: \_\_\_\_\_

The above job title is incorrectly slotted and should fall under \_\_\_\_\_  
(Benchmark Title)

with pay rate code / grid level \_\_\_\_\_ due to the following required job  
duties and/or qualifications:

*(List job duties and/or qualification):*

Member's Signature: \_\_\_\_\_ Date Given to Employer: \_\_\_\_\_

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**In accordance with the Classification Maintenance Plan, the Employer will forward their response to  
the BCGEU within 30 calendar days to: [facilities.classifications@bcgeu.ca](mailto:facilities.classifications@bcgeu.ca)**

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Copy to: Employer Representative  
BCGEU Classification Representative [via "Fax: 604-294-5092" or "Email to Union (on PDF form)"]  
Member