

## Provincial Review Process Form

| Complete for all submissions:                                                                |            |                                                                                       |                           |  |
|----------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------------------------|--|
| Current Provincial Job Description Title and Number Date: July 24, 2019                      |            |                                                                                       |                           |  |
| Job #250 – Materials Management Systems Analyst                                              |            |                                                                                       |                           |  |
| City/Town                                                                                    | Facilit    | У                                                                                     |                           |  |
| Department Mailing Address                                                                   |            |                                                                                       |                           |  |
| Instructions:                                                                                |            | Documentation Required:                                                               |                           |  |
| Does the <i>Provincial Job Fact Sheet</i> represent your job?                                | 2. Amer    | incial Review Process Form nded current Provincial Job no longer applies and add in a | *                         |  |
| Yes □ Complete this page only                                                                | Timelines: |                                                                                       |                           |  |
| Complete this page only                                                                      | Employe    | ee(s) date of completion:                                                             | August 28, 2019           |  |
| No □                                                                                         | (and sub   | mitted to OOS Supervisor)                                                             |                           |  |
| Complete documentation as required                                                           |            | <b>pervisor</b> date of completion: mitted to Employer HR)                            | <u>September 25, 2019</u> |  |
|                                                                                              | Employe    | er Human Resources:                                                                   |                           |  |
|                                                                                              | (and sub   | mitted to JJEMC)                                                                      | October 9, 2019           |  |
| Employee and/or Group Contact Information:                                                   |            |                                                                                       |                           |  |
| For Group Submissions, Signature Page (Page 2) must be completed by all members of the group |            |                                                                                       |                           |  |
| Employee Name                                                                                |            | Signature                                                                             |                           |  |
| E-mail Address                                                                               |            | Work Phone                                                                            |                           |  |
|                                                                                              |            | Home Phone                                                                            |                           |  |
| OOS Supervisor Contact Information:                                                          |            |                                                                                       |                           |  |
| OOS Supervisor Name                                                                          |            | Signature                                                                             |                           |  |
| OOS Supervisor Job Title                                                                     |            | Work Phone                                                                            |                           |  |
| E-mail Address                                                                               |            | Home Phone                                                                            |                           |  |
| Human Resources (HR) Contact Information:                                                    |            |                                                                                       |                           |  |
| HR Contact Name                                                                              |            | Signature                                                                             |                           |  |
| HR Job Title                                                                                 |            | Work Phone                                                                            |                           |  |
| E-mail Address                                                                               |            |                                                                                       |                           |  |

## SIGNATURE PAGE FOR GROUP SUBMISSION

## All members participating in this group submission <u>must</u> complete this page

**Please Print Clearly** 

| Print Name | Signature |
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Attach more pages if necessary