



Provincial Review Process Form

Complete for all submissions:

Current Provincial Job Description Title and Number Date: September 22, 2020

Job #331 Dental Aide

Region/Employer Facility

Department Mailing Address

Instructions:

Does the *Provincial Job Fact Sheet* represent your job?

Yes
Complete this page only

No
Complete documentation as required

Documentation Required:

1. *Provincial Review Process Form*
2. Amended current *Provincial Job Fact Sheet* (cross out what no longer applies and add in additional information)

Timelines:

Employee(s) date of completion: **October 14, 2020**
(and submitted to OOS Supervisor)

OOS Supervisor date of completion: **November 12, 2020**
(and submitted to Employer HR)

Employer Human Resources: **November 19, 2020**
(and submitted to JJEMC)

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	

