



Provincial Review Process Form

Complete for all submissions:

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

Job #342 Client Care Supervisor

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: **November 13, 2020**
(and submitted to OOS Supervisor)

OOS Supervisor date of completion: **December 11, 2020**
(and submitted to Employer HR)

Employer Human Resources:
(and submitted to JJEMC) **December 18, 2020**

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
must complete this page

Please Print Clearly

| Print Name | Signature |
|------------|-----------|
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Attach more pages if necessary