



# Provincial Review Process Form

**Complete for all submissions:**

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

**Job #408 – Medical Diagnostic Technician**

City/Town 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	

