|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provincial Out-of-Scope Job Evaluation**  **Maintenance Request Form** | | | | | | | | |
| **NOTE: *Please complete this Form, along with a new or revised Job Description and Organizational Chart. Return all three documents to SAHO*** | | | | | | | | |
| **NEW JOB:** | | | | | | | | |
| **CHANGED JOB:** | | | | | | | | |
| (only used if **substantial** changes have occurred) | | | | | | | | |
| **1) NEW JOB EVALUATION REQUEST** | | | | | | | | |
| **Job Title:** |  | | | | | | | |
| **Incumbent Name:** |  | | | | | | | |
|  | *Indicate 'Vacant' if not currently filled* | | | | | | | |
| **Work Phone No.:** |  | | |  | | | | |
| **Signature:** |  | | | | **Date:** |  | | |
|  | | | | | | | | |
| **2) CHANGED JOB EVALUATION REQUEST :** | | | | | | | | |
| **(Responsibilities either increased or decreased from time of last evaluation)** | | | | | | | | |
| **Date of most recent evaluation:** | |  | | | | | | |
| **New Job Title:** |  | | | | | | | |
| **Past Job Title:** |  | | | | | | | |
| **Position Number:** |  | | | | | | | |
| **Incumbent Name:** |  | | | | | | | |
|  | *Indicate 'Vacant' if not currently filled* | | | | | | | |
| **Work Phone No.:** |  | | | |  | |  | |
| **Signature:** |  | | | | **Date:** | |  | |
|  | | | | | | | | |
| **SUPERVISOR'S NAME:** | | | | | | | | |
| **Job Title:** |  | | | | | | | |
| **Department:** |  | | | | | | | |
| **Work Phone No.:** |  | | | |  | | | |
| **Signature:** |  | | | | **Date:** | |  | |
|  | | | | | | | | |
| **HUMAN RESOURCES CONTACT:** | | | | | | | | |
| **Job Title:** |  | | | | | | | |
| **Work Phone No.:** |  | | | |  | | | |
| **Signature:** |  | | | | **Date:** | |  | |
|  | | | | | | | | |
| **NEW OR CHANGED JOB EVALUATION REQUEST** | | | | | | | | |
| **EMPLOYEE SECTION:** | | | | | | | | |
| **ADDITIONAL RESPONSIBILITIES:** | | | | | | | | |
| **Note:** *Please list only new (e.g., different) responsibilities which did not exist at the time of the last evaluation of the job. Do not refer simply to increased volume of work in this section. In describing each new responsibility, it is important for you to state where this responsibility came from (e.g., from another job and, if so, which one) or if it is a completely new area of work that was not being done before elsewhere in the organization.* | | | | | | | | |
|  | | | | | | | | |
| **SOURCE(S) OF NEW/ADDITIONAL RESPONSIBILIES:** | | | | | | | | |
|  | | | | | | | | |
| **DECREASED RESPONSIBILITIES:** | | | | | | | | |
| **Note:** *Please list those responsibilities which have significantly decreased in scope, depth, and/or related dimensions, or which have been removed/eliminated from the job. (Please note that delegating specific duties or responsibilities to a subordinate does not necessary result in “decreased” responsibilities for the supervisor, as long as ultimate responsibility is retained).* | | | | | | | | |
|  | | | | | | | | |
| **DESCRIBE HOW THESE RESPONSIBILITIES ARE HANDLED NOW?** | | | | | | | | |
|  | | | | | | | | |
| **OMISSIONS:** | | | | | | | | |
| **Note:** *Please describe briefly any responsibilities, contacts, dimensions, etc., which, in your opinion, were not adequately covered in the previous job description/Maintenance Request Form or which were omitted at the time.* | | | | | | | | |
|  | | | | | | | | |
| **NEW OR CHANGED JOB EVALUATION REQUEST** | | | | | | | | |
| **SUPERVISOR SECTION:** | | | | | | | | |
| **RESPONSIBILITIES:** | | | | | | | | |
| **Note:** *In describing new job responsibilities, it is important for you to state where the responsibilities came from (e.g., from another job and, if so, which one) or if it is a completely new area of work that was not being done before elsewhere in the organization.* | | | | | | | | |
|  | | | | | | | | |
| **SOURCE(S) OF NEW RESPONSIBILITIES:** | | | | | | | | |
|  | | | | | | | | |
| **SUPERVISOR COMMENTS ON EMPLOYEE SECTION:** | | | | | | | | |
|  | | | | | | | | |
| **EMPLOYER/HUMAN RESOURCES SECTION:** | | | | | | | | |
| **Dimensions:** | | | | | | | | |
| **Total Organization Budget** | | |  | |  | | | |
| **Total Organization Payroll** | | |  | |
| **Total Organization Employees** | | |  | |
| **Total Organization FTE’s** | | |  | |
|  | | | | | | | | |
|  | | | **FTE’s** | | **Budget** | | |  |
| **VP or equivalent** | | |  | |  | | |
| **Immediate supervisor of this job** | | |  | |  | | |
| **This job** | | |  | |  | | |
|  | | | | | | | | |