



*Embrace the Spirit • Vivez l'esprit*

**Administrative and Management  
Request for Salary Grade Review/Appeal  
From WAPSO**

**This form is to be completed for each salary grade review/appeal request. The completed form must be forwarded, along with a revised job description (where appropriate) and other additional information, if desired, to the appropriate authority.**

**JOB INFORMATION**

Job Identification Number:	Number of positions to which this review applies:
Job Title:	
Salary Grade:	
Department:	
Branch:	
Address of Work Location:	
Incumbents:	

**SUBMISSION INFORMATION**

Date of Submission:	
Submitted by: (name of WAPSO representative)	
Signature:	
Phone Number:	

**A. Reason for Review**

**Please summarize why you are requesting a review of the rating assigned to this position.**

**B. Complete the following section(s) for the factor(s) of concern. Indicate why the present rating on this factor is considered inappropriate, using examples to illustrate the concern(s) whenever possible.**

**1. COMPLEXITY - JUDGEMENT**

**2. EDUCATION**

**State minimum education required and why it is required.**

**3. WORK EXPERIENCE**

**State minimum required experience and why it is appropriate.**

**4. INDEPENDENCE OF ACTION**

**5. RESULT OF ERRORS**

**6. CONTACTS**

**7. CHARACTER OF SUPERVISION**

**8. SCOPE OF SUPERVISION**

**Indicate how the staff numbers indicated in the rating are inappropriate.**

**9. PHYSICAL DEMANDS**

**10. WORKING CONDITIONS**

Indicate the non-standard office conditions that might normally be encountered and the percentage of time these might occur.

**C. GENERAL COMMENTS**

Add any additional information you feel would be relevant to the review of the position (add additional documentation, if desired).

**Employee Signature:**

**Date:**