



**CUPE LOCAL 136 JOB EVALUATION MAINTENANCE FORM**

JOB TITLE: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_ INCUMBENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

1. If the overall purpose of the position has changed, please submit a new JDQ (Job Description Questionnaire).

**PART 'A'**

Are there significant changes to the key activities presently stated on your Job Description?

NO \_\_\_\_ YES \_\_\_\_ . If yes, please specify the key activity and state the change only.

KEY ACTIVITY	CHANGE

**PART 'B'**

Please indicate, by ticking off boxes as appropriate, the factors, which you feel, have been affected by the significant changes identified in Part "A":

- SUBFACTOR 1. KNOWLEDGE
- SUBFACTOR 2. EXPERIENCE
- SUBFACTOR 3. JUDGEMENT
- SUBFACTOR 4. MENTAL EFFORT
- SUBFACTOR 5. PHYSICAL ACTIVITY
- SUBFACTOR 6. DEXTERITY
- SUBFACTOR 7. ACCOUNTABILITY
- SUBFACTOR 8. SAFETY OF OTHERS
- SUBFACTOR 9. SUPERVISION OF OTHERS
- SUBFACTOR 10. CONTACTS
- SUBFACTOR 11. DISAGREEABLE CONDITIONS

**PART 'C'**

In as much detail as required, please provide any **new information** in which you feel is needed to best describe the impact of the **significant changes** to your job for each factor. Please provide as much information as possible, including specific examples to assist the Joint Job Evaluation Committee in reviewing your position. Attach additional pages, if required.

**SIGNATURE & NAME OF EMPLOYEES**

(Please sign and print your name)

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE & NAME OF**

**MANAGER/SUPERVISOR**

\_\_\_\_\_  
\_\_\_\_\_

**SUBFACTOR 1. KNOWLEDGE**

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**SUBFACTOR 2. EXPERIENCE**

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**SUBFACTOR 3. JUDGEMENT**

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**SUBFACTOR 4. MENTAL EFFORT**

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**SUBFACTOR 5. PHYSICAL ACTIVITY**

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**SUBFACTOR 6. DEXTERITY**

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**SUBFACTOR 7. ACCOUNTABILITY**

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**SUBFACTOR 8. SAFETY OF OTHERS**

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**SUBFACTOR 9. SUPERVISION OF OTHERS**

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**SUBFACTOR 10. CONTACTS**

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**SUBFACTOR 11. DISAGREEABLE CONDITIONS**

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