



REQUEST FOR EVALUATION

A. Job Identification

Job Title: _____

Job Type Number: _____ Department: _____

Business Unit: _____ Date: _____

Incumbent Name: _____

Supervisor: _____

PDQ # _____

B. Why is the job coming forward for Evaluation?

- New Job
- New Job occupied for more than six months

Changes to existing job:

- Departmental restructuring
- Creation/deletion of services by another authority or jurisdiction
- Introduction of a new program
- Appeal
- Other (please explain)



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C. Are any of the changes to the major activities of this job the result of a transfer from another job?

Yes No

If Yes, please specify which activities and the job(s) they were transferred from. Please note that if major activities were transferred from another job, a JAQ Change Form must be completed for that job or jobs.

D. Changes to major activities

If this request is being put forward because of job changes in an existing job, what are the changes to the major activities stated in the current P.D.Q.?

Activity #	Changes to Major Activity	Changes to % of Time Spent	
		From	To



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E. Based on the changes to the major activities, are there further changes in:

a) Education Yes No Please specify.

b) Experience Yes No Please specify

c) Technical/Professional? Yes No Please specify.

d) Service Delivery? Yes No Please specify.

e) Analytical Demands? Yes No Please specify.

f) Communication? Yes No Please specify.

g) Coordinating/Planning? Yes No Please specify.

h) People Management? Yes No Please specify.

i) Financial Responsibility? Yes No Please specify.



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j) Effort? Yes No Please specify.

k) Working Conditions? Yes No Please specify.

SUPERVISOR COMMENT SECTION

This portion of the questionnaire is to be completed by the employee's immediate supervisor. As a supervisor, it is important that you review this questionnaire and note any comments you may have. The space provided below is for general remarks you may have.

Immediate Supervisor's Signature		Date



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MANAGEMENT COMMENT SECTION

This portion of the questionnaire is reserved for comments by a second level of management above the immediate supervisor who supervises this position. As a higher level of management over this position, it is important that you review this questionnaire and note any comments you may have. The space provided below is for general remarks you may have.

Second Level Supervisor's Signature

Date