**CUPE JJE**

**Form 1A**

**CUPE JOINT JOB EVALUATION REQUEST FORM**

**NEW POSITION**

Position Title: Position Number:

Department: UBW Position Number:

Supervisor: Date:

**NEW POSITION DESCRIPTION:**

Supervisor to state main purpose and responsibilities of this position:

***Next Steps*:** Working with your HR Advisor, a temporary rating will be assigned.

**Please note that a CUPE JJE Position Questionnaire   
must be completed within six (6) months from start of position.**

**SIGNATURES:**

Supervisor Date

Dean, Director, Campus Principal or VP *(as appropriate)* Date

**HR USE ONLY**

Temporary Rating:

HR Advisor Date