**CUPE JOINT JOB EVALUATION
APPEAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Position Title: |  |
| Department: |  | Position Number: |  |
| Incumbent(s): |  | Position Level: |  |
| Supervisor: |  |  |  |

Please state the Factor(s) you are appealing and why:

**Signatures:**

Incumbent(s) Date

Supervisor Date

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