



Provider Group – Joint Job Evaluation Changed Job Form

PLEASE PRINT

Date Received by Human Resources: _____

To submit a Maintenance Request for a Changed Job, the following is required: Job Review Request Form; “Changed Job” Form; and an amended current Provincial Job Description. Submit all documentation to your Human Resources representative. Keep a copy for your records.

Complete only the sections that have changed. This form can be initiated by either the employee or OOS Supervisor (**Supervisor**) and will be reviewed by the other party (an employee(s) submission will be reviewed by their immediate Supervisor and a Supervisor’s submission will be reviewed by the affected employee(s), i.e. **Reviewer’s Comments**). Sections must be completed by employee(s) and Supervisor before submission to the Maintenance process.

Provide your name, telephone number(s) and email address for contact purposes. For group submissions, please note the name and telephone number(s) of the contact person for the group.

Date: _____ **Office Use Only: JEMC No.:** _____
Current Provincial JE Job Title: _____ Current Provincial JE Job No.: _____
Requested Provincial JE Job Title: _____ Requested Provincial JE Job No.: _____
Regional Health Authority/Affiliate: _____
Facility/Site: _____ Department: _____

Name of person completing the “Changed Job” Form for a single employee, or contact person for group submission only (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB):

SUBMITTED BY: Single Employee Group Contact Person (See Page 2 for Signing Page for a Group Submission)
Name (**Print**): _____ Employee No.: _____
Work Telephone: _____ Home Telephone: _____
E-mail Address: _____
OOS Supervisor Name: _____ Title: _____
Work Telephone: _____ E-mail Address: _____

SUBMITTED BY: OOS Supervisor (Please attach name and contact information for affected employee(s).)
Name (**Print**): _____ Title: _____
Work Telephone: _____ E-mail Address: _____

NAME AND TITLE OF REVIEWER: _____

ORGANIZATIONAL WORK CHART

Complete the Chart below:

- ▶ Be sure to write in the **Provincial JE Job Title of the position** – not the name of the person currently in the job.

Title of your immediate Out-of-Scope Supervisor

Title of your immediate Supervisor (if different than above)

Your current Provincial JE Job Title

Your current Provincial JE Job Number: _____

REVIEWER'S COMMENTS – ORGANIZATIONAL WORK CHART

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

Provide additional information on the back blank pages of this document or attach additional pages if necessary.

KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2 ½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- ▶ Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- ▶ It is important that the **whole job** be described, not just a particular dimension or a special project.

Key Work Activity A: _____ (_____ %)

Duties/Responsibilities:

REVIEWER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____ Reviewer's Initials: _____

KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: _____ (%)

Duties/Responsibilities:

Key Work Activity C: _____ (%)

Duties/Responsibilities:

REVIEWER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

REVIEWER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: _____ (%)

Duties/Responsibilities:

Key Work Activity E: _____ (%)

Duties/Responsibilities:

REVIEWER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Reviewer's Initials: _____

REVIEWER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Reviewer's Initials: _____

2. EDUCATION AND SPECIFIC TRAINING

Purpose: This section gathers information on the minimum level of completed formal training required for the job. The total minimum level of completed schooling or formal training should include all classroom, laboratory, practicum, or clinical time required prior to graduation.

Note: Consider Education and training required to do the job, not personal qualification.

A. Have the minimum education and/or specific training requirements changed? Yes No

Please specify:

B. Is any Provincial, National or Professional certification mandatory? Yes No

Please specify:

REVIEWER'S COMMENTS – EDUCATION AND SPECIFIC TRAINING

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Reviewer's Initials: _____

3. EXPERIENCE

Purpose: This section measures the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.

Note: Years spent in an apprenticeship or similar training program are taken into consideration. Formal classroom/practicum hours are captured under Education. Assume that the incumbent starts with the educational level specified in the Education factor.

Has the previous related job experience or on-the-job experience to learn and/or adjust changed? Yes No

Please Specify:

REVIEWER'S COMMENTS – EXPERIENCE

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

5. WORKING RELATIONSHIPS

Purpose: This section measures the typical contacts or working relationships necessary in doing the job.

Note: These communications may be in writing, or oral, including sign language, and carrying varying degrees of responsibility for the handling of contacts tactfully and harmoniously.

What are the typical contacts or working relationships to do this job? It is important to analyse the **purpose of the contact** in conjunction with the **nature of the contact**.

Please specify the changes for this job and give examples:

REVIEWER'S COMMENTS – WORKING RELATIONSHIPS

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

8. PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

Note: Consider restriction of movement, ability to seek relief, physical exertion and frequency of the physical task over the course of a regular workday. Duration means individual periods of uninterrupted time. Frequency means how often each activity occurs within the day.

A. Consider the **length of time it takes** to perform the physical activity and how often you perform this changed task/activity. What physical effort is required on a typical basis for your job? Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Light weight – up to 9 kg / 20 lbs
Medium weight – over 9 kg / 20 lbs
Heavy weight – over 23 kg / 50 lbs

Occasional – means the activity occurs once in a while
Regular – means the activity occurs often
Frequent – means the activity occurs every day

Please specify the changes to this job and give examples:

REVIEWER’S COMMENTS – PHYSICAL DEMANDS

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer’s Initials: _____

9. SENSORY DEMANDS

Purpose: This section gathers information on the concentrated visual and listening demands required by the job.

- Occasional** – means the condition occurs once in a while – less than 50% of the time
- Regular** – means the condition occurs often – between 50% - 75% of the time
- Frequent** – means the condition occurs every day – over 75% of the time

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

A. Is visual effort required on a concentrated basis for the job? Yes No

Please specify the changes to this job and give examples:

B. Does your job require that you listen attentively? Yes No

Please specify the changes to this job and give examples:

REVIEWER'S COMMENTS – SENSORY DEMANDS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Reviewer's Initials: _____

10. WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried out.

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

A. Are you exposed to some degree of unpleasantness in the day-to-day activities of the job? Yes No

Please specify the changes that have occurred in this job and give examples:

B. Is there some degree of exposure to hazards in the day-to-day activities of the job? Yes No

Please specify the changes that have occurred in this job and give examples:

REVIEWER'S COMMENTS – WORKING CONDITIONS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Reviewer's Initials: _____