



# Job Review Request Form

(Please submit one form per request  
and retain a copy for your records)

**Employee or OOS Supervisor completes this form  
and forwards to the Employer's Human Resources Department.**

1. Date of Submission: \_\_\_\_\_

2. Via: (check one)

- Interoffice Mail
- Mail
- Fax
- By hand to whom:

Date received in HR:

3. Reason for Request: (check one)

- Changed Job
- New Job

4. Union Affiliation: (check one)

- CUPE
- SEIU
- SGEU

5. Job Information for CHANGED Job:

Current Provincial Job Title: \_\_\_\_\_

Current Provincial Job Number: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

The following documents **MUST** be included with this request:

- ✓ Current Provincial Job Description amended to reflect the changed job duties
- ✓ Completed Changed Job Form
- ✓ Any other documents/correspondence that are relevant to this request

6. Job Information for NEW Job:

The following documents **MUST** be included with this request:

- ✓ "Draft" Job Description for the newly-created position
- ✓ "Draft" Job Fact Sheet for the newly-created position
- ✓ Any other documents/correspondence that are relevant to this request

7. Employee Information (PLEASE PRINT):

Employee/Contact Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

Health Region/Affiliate: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

NOTE: Attach a list of employee names, employee numbers, e-mail addresses, and phone numbers where you can be reached at, if this is a group submission or a contact name and contact information.

**8. Request Submitted by:**

- Employee
- OOS Supervisor
- Joint Submission (Employee/OOS Supervisor)

**9. Out-of-Scope Supervisor Information (PLEASE PRINT):**

Out-of-Scope Supervisor/Manager Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

Health Region/Affiliate: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

**Employee or OOS Supervisor completes this form and “Changed Job Form” and amended job description (separate document) and forwards to the employer’s Human Resources Department. If the Job Review Request Form is not accompanied by all of the information required in Point #5 or #6 within SIXTY (60) CALENDAR DAYS of receipt (in the Human Resources Department), a new submission will be required initiating the process over again!**

**10. Addresses and Fax Numbers for Human Resource Departments of the Health Regions.**

Human Resources  
Cypress Health Region  
429 - 4th Avenue N.E.  
Swift Current, SK S9H 2J9  
Fax: 778-5157

Human Resources  
Five Hills Health Region  
455 Fairford Street East  
Moose Jaw, SK S6H 1H3  
Fax: 694-0388

Human Resources  
Heartland Health Region  
P.O. Box 2110  
Site #10, Highway 4 South  
Rosetown, SK S0L 2V0  
Fax: 882-1389

Human Resources  
Keewatin Yatthe Health Region  
Box 40  
Buffalo Narrows, SK S0M 0J0  
Fax: 235-2229

Human Resources  
Kelsey Trail Health Region  
Box 389  
400 – 6<sup>th</sup> Street East  
Nipawin, SK S0E 1E0  
Fax: 862-2400

Human Resources  
Mamawetan Churchill River Health Region  
Box 6000, 227 Backlund Street  
La Ronge, SK S0J 1L0  
Fax: 425-5432

Labour Relations  
Prairie North Health Region  
3820 – 43<sup>rd</sup> Avenue  
Lloydminster, SK S9V 1Y5  
Fax: 825-9880

Human Resources  
Prince Albert Parkland Health Region  
Box 3000, 1220 – 25<sup>th</sup> Street West  
Prince Albert, SK S6V 7P7  
Fax: 765-6059

Human Resources  
Regina Qu’Appelle Health Region  
4211 Albert Street  
Regina, SK S4S 3R6  
Fax: 766-7488

Employment Services  
Saskatoon Health Region  
Royal University Hospital  
103 Hospital Drive  
Saskatoon, SK S7N 0W8  
Fax: 655-2444

Labour Relations  
Sun Country Health Region  
Box 2003, Souris Valley Road  
Weyburn, SK S4H 2Z9  
Fax: 842-8740

Human Resources  
Sunrise Health Region  
270 Bradbrooke Drive  
Yorkton, SK S3N 2K6  
Fax: 786-0741

**11. If you work for an AFFILIATE or EXTENDICARE, please send to your Human Resources contact/Administrator.**

**FOR OFFICE USE ONLY BY HUMAN RESOURCES**

**Date Job Review Request Form Received in Human Resources:** \_\_\_\_\_

**Date Changed Job Form or Job Fact Sheet Received in Human Resources:** \_\_\_\_\_

**Date Copy provided to: Union:** \_\_\_\_\_

**JEMC Assistant:** \_\_\_\_\_

**Date Acknowledgement Communicated to Employee:** \_\_\_\_\_