



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 Fact Sheet amended to reflect the changed job duties
- ✓ 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 – 6th 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 – 43rd Avenue
Lloydminster, SK S9V 1Y5
Fax: 825-9880

Human Resources
Prince Albert Parkland Health Region
Box 3000, 1220 – 25th 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: _____