

CITY OF CORNER BROOK
Request for Re-evaluation Form
(To be completed by the employee)

Date _____ Name & Title _____

Department _____

Position to be re-evaluated _____

Position number _____

Date of last re-evaluation of this position _____

Date of last request for re-evaluation of this position _____

Please include a detailed one-page summary of the changes in duties and responsibilities which have occurred for your position.

Employee Signature

For Office Use Only

The above re-evaluation request has been:

Approved

Denied for the following reasons _____

Date _____ Approved _____

Chief Administrative Officer

Distribution:

One copy to CAO

One copy to employee

One copy to employee's personnel file