

REQUEST FOR CLASSIFICATION SERVICES

Submission instructions:

Attach this form to an AskMyHR service request. Select My Team or Organization (or) Hiring Manager > Job Classification > Classification Review (or) Exclude a Position (or) Job Profile Writing

All sections are mandatory, unless otherwise stated.

Job evaluation is a review of the job profile, organizational structure and most importantly the work examples provided by the excluded manager. All submissions are triaged according to our priority framework.

Please indicate the level of priority for this review.			
O 1: Corporate Priority (high level of importance in today's government)			
If selected, indicate what the Corporate Priority is and how this position relates:			
O 2: Vacant Position for Posting			
O 3: Reclassification of Encumbered Positio	n		
SECTION 1: Contact Information			
Excluded manager email:			
Secondary contact email (optional):			
Ministry:			
Division:			
Branch:			
Service(s) requested: \Box classification review	v	☐ exclusion review ☐ organizational design	
SECTION 2: Position Details			
Please confirm you have received Executive approval (Deputy Minister or delegate) to proceed with this request.			
Approval is required before the classification review and/or exclusion review process can begin.			
☐ Yes, I have Deputy Minister (or delegate) approval.			
For new or vacant positions: this must include approval to proceed with review and to fill position (fully funded).			
For encumbered positions: this must include approval to proceed with review.			
Please indicate the reasons behind the service request (classification review, job profile writing assistance, exclusion review, organizational design). Check all that apply.			
☐ change of accountabilities (+/-)	☐ reporting changes	☐ new programs/initiatives/position	
☐ shifting organizational priorities	upcoming vacancy	updating profiles	
☐ business unit restructuring	☐ succession management	increased workload	
Date of last review, if known (existing position):			
Title of position:			

Position number(s): O I require a new position number((s)
O I have existing position number(s):	
Pay list number:	Number of positions to be reviewed:
Supervisor position number:	Location:
Bargaining unit: O BCGEU O PEA LSO O PE	EA other O Nurse O Excluded (MCCF)
Full-time or part-time: O full-time O part-time	
Permanent or temporary: O permanent O tempor	rary
Existing Position:	
Please include a description of what has changed with the	position's accountabilities, and reasons for this review.
New Position:	
Please include a description of what has changed in the bu	usiness unit that requires the creation of this new position.
What other position(s) previously provided these func	tions?
SECTION 3: Additional Information – Clas	ssification Review
Optional for classification review requests (not require	ed for exclusion review requests).
	rill reduce overall timelines. If you require additional space and/or would like
Type of supervision for the position:	
O dedicated (same line of business) O non-d	dedicated (different line of business)
Highest level of expertise required for the position:	
O provincial O regional O ministry O divisiona	al O program O none required
Describe knowledge required for the position.	
What is the contribution of the position's work unit to t	the organization?

Anticipated classification level:
Are you sending in classification requests for other positions? O yes O no
If yes, please provide position numbers and describe:
SECTION 4: Additional Information – Exclusion Review
Required for exclusion review requests only.
Please indicate the reason why this request has been initiated.
O Creating a new position that you want to exclude.
O An existing excluded position has significantly changed.
O An existing bargaining unit position has added accountabilities that may warrant exclusion.
Under which criteria is this position to be excluded. Check all that apply.
☐ To exercise the functions, and do exercise the functions, of a manager or superintendent in the direction or control of employees.
☐ In a confidential planning or advisory position in the development of management policy for the government. ☐ In a confidential capacity in matters relating to labour relations or personnel.
☐ Statutory Exclusion:
How many direct and indirect reports does this position have:
SECTION 5: Checklist of Required Documents for Submission
☐ Job Profile.
☐ I require job profile writing assistance.
☐ Organizational Chart (organization charts must include position numbers, supervisory and subordinate positions, classifications, and include the position(s) under review).
☐ Completed Request for Classification Services (this form).
☐ Completed Exclusion Rationale Template (exclusion review requests only).
☐ Supervisor Job Profile (exclusion review requests only). Not required if the position reports directly to the ADM/DM.
☐ Backgrounders or contextual information about the position, program or project (Optional). Providing this additional information will result in reduced timelines for review.
SECTION 6: Confirmation
☐ I confirm all the above information is correct.