Government of Newfoundland and Labrador
Public Service Commission
JES Classification Adjudication

JES Classification Appeal Request Form

Guidelines

Please review the following guidelines

1. Complete all sections of this form and submit it to classificationappeals@gov.nl.ca. All signature fields must be manually signed before submission. **Please print if completing other form fields manually.**
2. Eligibility to appeal a classification review decision is limited to those incumbents who signed the Position Description Questionnaire and were active in the position at the time of submission to the Classification and Pay Equity Design Division.
3. The appeal request must be received within 14 days of receipt by the appellant(s) of notification of the Classification and Pay Equity Division's decision.
4. An appellant can only submit one appeal request resulting from a classification review decision. The appeal must be either an individual appeal or group appeal if applicable.
5. If the request for appeal is submitted by more than one appellant, then "Group Appeal" must be selected in Section 2, a group designate must be identified in Section 3, and the "Group Appendix" must be completed.
6. A copy of the letter notifying the appellant(s) of the Classification and Pay Equity Division's decision pertaining to the classification review being appealed must be included with the appeal form.
7. It is the appellant's responsibility to ensure the Adjudicator has current contact information. The appellant is required to notify the classificationappeals@gov.nl.ca email of any changes.
8. Section 6: Appeal Rationale, must identify the specific factor(s) being challenged and provide an associated rationale for each factor challenged.
9. The JES framework and compensable factor rating information are available through the link provided: https://www.gov.nl.ca/exec/tbs/newjobevaluation/#profile

Privacy Notice: The personal information collected in this form will be used for the purpose of assessing the appeal of the identified classification decision under the Job Evaluation System (JES). The information is collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015.

If you have questions about the collection, use, and disclosure of your personal information, please contact the Public Service Commission Information Management Coordinator at 709-729-5832 / Toll Free: 1-855-330-5810

261 Kenmount Rd, P.O. Box 8700, St. John's, NL, Canada A1B 4J6
Phone: 709-729-2658 / Toll free: 1-855-330-5810 / Facsimile: 709-729-6234 / Email: classificationappeals@gov.nl.ca

Section 1: Powers and Limitations of the Adjudicator

- An Appeal Hearing will only occur if a decision cannot be rendered on the basis of the appeal file documentation. Appellants will be notified if a hearing is required.
- The appeal process is restricted to those compensable factors identified as being challenged and sufficient reasoning provided.
- The Classification Appeal Adjudicator shall not accept appeals based on job content information which differs from that reviewed by the Classification and Pay Equity Division. If job content differs from that reviewed by the Classification and Pay Equity Division, employees shall first approach the Classification and Pay Equity Division seeking a further review on the basis of new circumstances involved.
- The decision of the Classification Appeal Adjudicator on an appeal is final and binding and is not subject to the grievance or arbitration process.

Please sign and date below to confirm your intention to submit a JES Classification Appeal request and that you have read and understand the powers and limitations of the Classification Appeal Adjudicator.

Signature		**Date**	

Section 2: Appeal Information

(Please print if completing the form manually)

Classification Title of Position(s) Being Appealed	**PCN of Position Being Appealed** (PCNs of additional appellants will be recorded in the Group Appendix)
Individual or Group Appeal? **Individual Appeal** ☐ **Group Appeal** ☐ **No. of Appellants**	
Date Appellant/s Notified of the Review Decision	
Check the box to confirm the decision notification letter has been submitted with this appeal form. ☐	
JES File Number of the Decision Appealed (This can be found on the decision notification letter)	**Pay Level as per JES Review Decision** (ie.CG 22, NS 30, LX 20)
Unionized Employee: ☐ **YES** ☐ **NO**	**Union** **Collective Agreement**

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Section 3: Appellant / Group Designate Contact Information

(Please print if completing the form manually)

Appellant or Designate First Name	Appellant or Designate Last Name	Middle Initial

Work Address	Work Phone #	Work Email

Personal Mailing Address	Personal Phone #	Personal Email

Section 4: Employer Contact Information at the Time of the Classification Review Request

Employer/Public Sector Entity	Name of Immediate Supervisor

Supervisor Phone #	Supervisor Email

Supervisor Work Address	

Section 5: Current Employer Contact Information

Current Employer/Public Sector Entity	Name of Current Immediate Supervisor

Current Supervisor Phone #	Current Supervisor Email

Current Supervisor Work Address	

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Section 6: Appeal Rationale

(Please print if completing the form manually)

List the Compensable Factor rating(s) being appealed. Include the current rating and provide a rationale for appealing each factor listed. You may enter text in the fields provided or attach an additional document if required.

Note: A classification appeal of specific factor(s) shall not be accepted by the Classification Appeal Adjudicator based on job content which differs from that submitted to the Classification and Pay Equity Division.

Compensable Factor(s)	Current Rating	Rationale for Appeal of Current Rating

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JES Classification Appeal Request: Group Appendix

This Appendix must accompany appeal requests submitted by more than one appellant.

As a signatory to this document, appellants confirm their intention to proceed with the request to appeal the classification decision of the position (Insert Position Title) _____ as a group, and that they have read and understand the powers and limitations of the Classification Appeal Adjudicator presented in Section 1 of the this Form. (You may attach additional pages if required.)

NOTE: The Signature field must be completed manually. Please provide the PCN of the position being appealed.

Appellant Name	Phone #	E-mail	PCN	Signature

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For Administrative Use

Date JES Appeal Request Form Received	Appeal reviewed and determined to meet eligibility criteria
	YES ☐ NO ☐

Comments

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