

Provincial Review Process Form

| Complete for all submissions: | | | | |
|--|--|--|--------------------------|--|
| Current Provincial Job Description Title and Number Date: September 22, 2020 | | | | |
| Job #345 Volunteer & Health Promotion Coordinator | | | | |
| Region/Employer Facility | | | | |
| Department Mailing Address | | | | |
| Instructions: | Documentation Required: | | | |
| Does the <i>Provincial Job Fact Sheet</i> represent your job? | Provincial Review Process Form Amended current Provincial Job Fact Sheet (cross out | | | |
| Yes □ | what no longer applies and add in additional information) | | | |
| Complete this page only | Timelines: | | | |
| No □ | | ee(s) date of completion: mitted to OOS Supervisor) | October 14, 2020 | |
| Complete documentation as required | _ | pervisor date of completion: mitted to Employer HR) | <u>November 12, 2020</u> | |
| | | er Human Resources: | | |
| | (and sub | mitted to JJEMC) | November 22, 2020 | |
| Employee and/or Group Contact Information: | | | | |
| For Group Submissions, Signature Page (Page 2) must be completed by all members of the group | | | s of the group | |
| Employee Name | | Signature | | |
| E-mail Address | | Work Phone | | |
| | | Home Phone | | |
| OOS Supervisor Contact Information: | | | | |
| OOS Supervisor Name | | Signature | | |
| OOS Supervisor Job Title | | Work Phone | | |
| E-mail Address | | Home Phone | | |
| Human Resources (HR) Contact Information: | | | | |
| HR Contact Name | | Signature | | |
| HR Job Title | | Work Phone | | |
| E-mail Address | | | | |

SIGNATURE PAGE FOR GROUP SUBMISSION

All members participating in this group submission <u>must</u> complete this page

Please Print Clearly

| Print Name | Signature |
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Attach more pages if necessary