



# Job Evaluation Request

**\*\*NOTE** - Required **THREE** attachments for complete Job Evaluation Request Package:

\* Job Evaluation Request form \* Job Description \* Organization Chart - **ALL** signed & dated by Deputy Head

## Job Evaluation Information

Required Section

<b>Evaluation of</b>	A <b>NEW</b> Position	An <b>EXISTING</b> Position ( <i>*select changes below</i> )		An <b>INTERN</b> Position ( <i>New or Existing</i> )
<b>*Applicable Changes</b>	New Duties Added Duties Removed	Clarification of Responsibilities JD Update ( <i>*select updates below</i> )		
<b>*JD Update Changes</b>	Title Change Reporting Change	KSA or TAB Change Location Change	Wording Change Format Change	Dept. Code Change Other ( <i>*specify in comments below</i> )
<b>Comments</b>	<i>(Please attach separate page for additional comments)</i>			
<b>Prioritization Request</b>				

## Position Information (Only ONE Position # accepted per form)

Required Section

<b>Position #</b>	<b>Position Title</b>			<small>(30 Characters Maximum)</small>
<b>Department</b>	<b>Dept. Code</b>	<b>Union</b>		
<b>Reports to Position #</b>	<b>Title</b>	<b>Location</b>		
<b>Basic Info.</b> {	<b>Position Security</b>			
	<b>Language &amp; Other Info.</b> { <small>(If Applicable)</small>	French Oral	Reading	Writing
	Aboriginal Select Required Language	Confidential Position	Seasonal Position	
<b>Effective Date:</b>	<u>Date of Deputy Head Signature on JD</u>	<b>OR</b>	<u>Specific Date Requested</u>	<small>(dd/mm/yy)</small>
<b>Deputy Head Signature</b>	_____		<b>Date</b>	_____

Job Eval Submission

Please send Electronic Copy of complete Job Evaluation Request Package to:  
[job\\_evaluation@gov.nt.ca](mailto:job_evaluation@gov.nt.ca)

For Job Evaluation Request inquiries please contact:  
[job\\_evaluation@gov.nt.ca](mailto:job_evaluation@gov.nt.ca)

### Job Evaluation Use Only

<b>Log in date:</b>	_____
<b>National Occupational Classification</b>	
New:	_____
Update:	_____
No Change:	_____