

# CLASSIFICATION APPEAL REQUEST

JR -

APPEAL -

**Overview**  
In Accordance with Article 19 of the General Support Services (GSS) Collective Agreement "Should the Employee feel that she has not received proper consideration in regard to a classification review, they may request that the matter be further reviewed by discussion between the Union and Employer".

**NOTE: COMPENSATION IS NOT A APPEALABLE FACTOR.**

**Checklist Items**

Submit all of the below information, within fifteen (15) days of becoming aware of the Classification decision. All late submissions are required to provide rationale on the reason for the late submission. The Employer will validate the reason for late submission and inform the Union if the request is approved or denied.

- AHS GSS Classification Appeal Request;
- Job Advice Notice (Decision);
- Up-to-date Job Description;
- Official Organizational Chart (indicating where position(s) are located) – [AHS Intranet \(Insite\)](#); and,
- Any other applicable supporting documents.

**Note:** If a up-to-date Job Description can not be provided, submit a request to obtain one through AHS Human Resources as per Article 19. If a Job Description is not obtained an individual grievance can be filed with your Membership Services Officer.

DATE	APPEAL TYPE	GROUP APPEAL POINT OF CONTACT (POC)		PHONE NUMBER	EMAIL														
EMPLOYEE ID AND POSITION NUMBER	APPELLANT NAME(S)	CLASSIFICATION APPEAL <i>* Indicate the classification requested</i>		WORKING TITLE	DEPARTMENT	ZONE	SUBMITTED DOCUMENT CHECKLIST												
		FROM	TO				JD - JOB DESCRIPTION	OC - ORG CHART	NL - NOTIFICATION LETTER	AI - ADDITIONAL INFORMATION	IG - INDIVIDUAL GRIEVANCE								

**RATIONALE FOR APPEAL (REQUIRED AS PER 19.06):** *If more space is required for a Group Appeal, please Attach additional information.*

**Classification Appeal Submission**

Submit Classification Appeal Request to [classifications@aupe.org](mailto:classifications@aupe.org) and ensure all information has been attached. If there are missing documents, indicate the reason.  
\* Only completed appeals with all supporting documents will be accepted\*  
\* Note: After submission, if an appellant vacates the appealed position number, the appeal is considered abandoned. Notification will be sent to the member.

DATE	INDIVIDUAL NAME OR POC NAME	TITLE	SIGNATURE
		UNION REPRESENTATIVE	

**CONTACT INFORMATION**

[AUPE Union Representative, Classifications](#)

**AUPE Membership Services Officer**  
Edmonton: 780.930.3300  
Toll Free: 1.800.232.7284

[AHS In-scope Classification & Compensation \(ISCC\)](#)

**FORMS & REFERENCES**

**GSS Collective Agreement:** Article 19

[AHS Classification Appeal Flow Chart](#)

[AHS GSS Classification System & Processes](#)

[AHS Intranet \(Insite\)](#)



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