TRIENNIAL REVIEW OF UWOSA POSITION DESCRIPTIONS

Article 44.02 of Collective Agreement

Note: To be completed when a updated Position Description Questionnaire is not being submitted for evaluation.

Incumbent: _____ UWO I.D.: _____

Department/Faculty: _____ Dept. I.D.: _____

Position Entitlement: _____ Jobcode: _____

Date of Last Review of Position Description: _____

Employee's Comments (Optional):

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Incumbent's Signature Date

Please return to supervisor for submission to Human Resources