STAFFING RECOURSE - REQUEST FOR DECISION REVIEW

This form can be used by an individual requesting Decision Review under the CFIA Staffing Recourse Policy. Please review the policy prior to completing the form. Submit the completed form to the delegated manager (the manager responsible for the staffing process in question). The manager will contact you to schedule a discussion of your concerns.

To access the CFIA Staffing Recourse Policy please go to the following link:

http://www.inspection.gc.ca/english/hrrh/stafdote.shtml

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|---|-----------------------------------|
| Identification | |
| Full Name | Mailing address |
| E-mail Address | |
| Telephone number - work Ext. | Facsimile |
| Telephone number - home | Language of choice English French |
| Individual Assisting or Representing You (Optional) | |
| Full Name | Mailing address |
| E-mail Address | |
| Telephone number | Facsimile |
| Staffing Process or Decision Information | |
| Selection Process Number (available on Staffing Notice or Notice of Recourse) | Delegated Manager |
| Statement of Concerns | |
| Provide a general explanation of your questions or concerns, to assist the manager to identify relevant information for discussion. | |
| Corrective Action Requested | |
| Explain what corrective action you are requesting. | |
| Explain what corrective details you are requesting. | |

The information you provide on this document is collected by (for) the Canadian Food Inspection Agency under the authority of the Canadian Food Inspection Agency Act for the purpose of implementing the Agency's Staffing Recourse Policy. Personal information will be protected under the provisions of the *Privacy Act* and will be stored in Standard Personal Information Bank PSE 902. Information may be accessible or protected as required under the provisions of the *Access to Information Act*.



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| process is collected under the authority of the Canadian Food I further understand that the Canadian Food Inspection Agency for statistical purposes, and hereby consent to its use and discle | this request for recourse and throughout the associated recourse inspection Agency Act and is protected under the Privacy Act. I may use it to resolve the associated recourse processes and/or osure for these purposes. I further understand that I may obtain personal information I provide, and agree that these too may be ourse process and for statistical purposes. |
|--|--|
| Signature | YYYY/MM/DD |
| For Office Use Only | |
| Deadline for issuance of Request for Decision Review: | Date Request for Decision Review issued: |
| YYYY/MM/DD | YYYY/MM/DD |