



**Pay Equity Commission**  
 180 Dundas St W Suite 300  
 Toronto On M7A 2S6  
 416 314-1896 or 1 800 387-8813  
 TTY: 416 212-3991 or 1 855 253-8333  
 Fax: 416 314-8741

**Request for Information  
 Non-Union Employee Applicant**

<b>File No.</b>
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**Note:** Please answer all questions within the application form and submit by mail or in person.  
 Please type or print clearly in ink. You may add additional pages if space is insufficient.

**Submit this Questionnaire:**

**Pay Equity Commission**  
**Pay Equity Office**  
**180 Dundas St W Suite 300**  
**Toronto On M7A 2S6**  
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**1. Applicant Name**

Last Name	First Name
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**2. Please indicate if you are a current or former employee and when you started employment with the Employer.**

<input type="checkbox"/> Current Employee	<input type="checkbox"/> Former Employee	Employment Start Date (yyyy/mm/dd)
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**3. If you held different jobs with this Employer, please indicate what jobs and job titles you held and for what period of time?**

Job	Title	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)

**4. Do you know whether there is a pay equity plan or pay equity plans and have you seen it/them?**

<input type="checkbox"/> Yes (if you have a copy of the plan, please forward it to us)	<input type="checkbox"/> No	<input type="checkbox"/> I do not know
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**5. Are you aware whether your position(s) is a "female job class" or were "female job classes"?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not know
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**6. Are you aware whether your position(s) has/have a male comparator(s)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not know
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7. Why do you think that pay equity is not being maintained in the organization?

8. If you believe that there are significant changed duties and responsibilities for your job class that would result in changes to the pay equity plan or the male comparator, please provide specific details as to what those changed duties and responsibilities are and indicate when you believe the changes occurred? If you were in different female job classes, identify the changes for each job class and the time that they occurred. For example, if you believe there were significant increases in the tasks assigned to your job class and increased responsibilities please list the changed and new tasks and explain what additional/new tasks and responsibilities were assigned to you.

9. Are you aware whether there were changes to the job duties and responsibilities for the male comparator job classes?

Yes

No

I do not know

10. Are you aware whether there were changes affecting job duties and responsibilities in the work place due to sale, transfer or amalgamation of business(es)?

Yes (If so, when did this occur? yyyy/mm/dd)

No

I do not know

11. If you have raised your concerns with your employer, or submitted a request for a review of your duties and job please indicate the Employer's response if any.

Yes, I **did** raise this concern with my Employer. (If so, when did this occur? yyyy/mm/dd)

No, I **did not** raise this concern with my Employer.

Employer response

12. Was there a review of your job duties and responsibilities by an individual or committee who reviewed this and when did it occur?

Yes (If so, when did this occur? yyyy/mm/dd)

No

Reviewed by  Individual

Committee

Last Name

First Name

13. If there was a review but you disagree with the explanation and or results, please indicate why.

**14. Was there an appeal process or did you indicate your disagreement with the review and or decision?**

Yes (If so, when did this occur? yyyy/mm/dd)

No

**15. Are you aware of generally what process, if any, exists in your workplace if there are changed or new jobs? For example, are there any individuals or departments responsible for dealing with job descriptions for new and or existing jobs? If so, please explain.**

**16. Are you aware if there any policies in your workplace regarding job evaluation or job classification or changes to job descriptions?**

Yes (If so, when did this occur? yyyy/mm/dd)

No

I do not know

**17. If your female job class(es) has been compared to a male job class that has received increased compensation and/or benefits, but your job class has not, please provide details.**

**18. What additional compensation or benefits were provided to your male comparator job class that were not provided to your job class and when did this occur (yyyy/mm/dd)?**

Yes, additional compensation or benefits **were** provided (If so, when did this occur? yyyy/mm/dd)

No, additional compensation or benefits were **not** provided.

**Description of additional compensation or benefits provided**

**19. If you raised this concern with the Employer, please indicate when this was raised and what the response of the Employer was.**

Yes, I **did** raise this concern with my Employer (If so, when did this occur? yyyy/mm/dd)

No, I **did not** raise this concern with my Employer.

**Employer response**

**20. Provide copies of any correspondence or documents, if any, relating to these issues.  
For example, this could include any job descriptions, memos, letters, newsletters, or other documents.**

**The information is collected under the authority of the *Pay Equity Act, 1987* for the purposes of its enforcement.  
For information concerning the collection and use of this information, please contact Legal Counsel, Pay Equity Office, at the following address:**

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Last Name of person completing this form	First Name of person completing this form
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