

INDEPENDENT ASSESSMENT APPLICATION

HEALTH EMPLOYEES TRANSITIONING TO SHARED SERVICES SA

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Shared Services SA
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I, _____

hereby apply for an independent assessment of the classification of my current position
in line with the agreement reached between the PSA and the government for health
employees transitioning to Shared Services SA.

Current Classification _____

Home Address _____

Work Site _____

Email Address _____

Phone Number(s) _____

Yours sincerely

Signature

Date

To be returned to applicant

Receipt Acknowledged _____

Signed _____

Dated _____

Optional

cc: PSA Fax 8223 6509