



# APPLICATION TO INSTITUTE PLACEMENT COMMITTEE FOR APPEAL OF INITIAL PLACEMENT

In filling out this form, please review Articles 11.2, 11.4 and 11.6 of the Collective Agreement between BCIT and the FSA as they relate to your application. Specify the article number under which you are basing your appeal.

Name	Application Date
Phone	Position Classification Faculty      Assistant Instructor      Technical Staff
Position Title	Program/Department/School
Direct Manager's Name	Phone
Applying under Collective Agreement Article Number (please specify sub-article, e.g. Article 11.2.2.6)	
Article 11.2	Article 11.4      Article 11.6
Specify how and/or provide details on what experience, education and/or certification you feel should have been included in your original placement. Supporting documentation for this application may include: a more detailed and/or updated resume; detailed listing of courses and hours taught; letters of support from external sources detailing nature of your previous experience; certification letters of international degrees, etc.	
List the steps you have taken to address this placement to date. Please attach relevant correspondence.	

Ensure that a copy of your original placement form is attached. Note: If you do not have a copy, this document is available from Human Resources upon request.

Attach this completed application form and ensure all relevant information is included with your submission. Submit this application to:

Human Resources  
T 604.432.8384