



CMM Member - Update

Employment Experience

Note: Document each new position, not previously submitted, in the format below

Title: _____ Department: _____ Local Government: _____

1. Magnitude of Responsibilities

A) Number of staff supervised? Directly: _____ Indirectly: _____

Authority: Approve (A) or Recommend (R) (Please circle one for each)

- approve vacation A R
- discipline A R
- hire/fire A R
- recommend wage changes A R
- approve overtime A R
- recommend changes to job description A R
- conduct/sign off performance appraisals A R
- delegate work A R

B) Budget

- actual responsibility (as per job description) \$ _____
- spending authority \$ _____
- preparation of spending estimates A R
- monitoring A R
- recommendations for remedial action A R

2. Complexity of Job

A) Reports to (Title): _____

B) Working Relationships (**attach if not identified in job description**)**
Internal Departments (ie. CAO's Office)

External Agencies (ie. Community Groups)

C) Major Job Functions (**attach job description**)**

3. Duration of Employment month: ____ year: ____ to month: ____ year: ____ (in this position)

Update Fee: \$95.00 (HST Exempt)

Fee only applies when requirements are met for increase in level of CMM or Enhancement