Lamar University

JOB CLASSIFICATION REQUEST FORM – POSITION REVIEW

Instructions: Please use this form for all requests for reclassification of existing positions. Send the form to your Vice President for approval. Then submit to Dindy Robinson in Human Resources.

REQUESTED BY (check each box applicable if more than on	Department Name:
	Department Head
POSITIONS REQUESTED TO BE STUDIED	Job Class Title:
	(Please attach an organization chart with position(s) circled.)
INCUMBENT(S) OF POSITION(S)	Name(s):

JUSTIFICATION FOR REQUEST

A. DESCRIBE SIGNIFICANT OR MAJOR CHANGES IN DUTIES AND/OR RESPONSIBILITIES.
If due to an organizational change, attach both a former and a current organizational chart indicating these changes.

B. WHEN DID CHANGES OCCUR AND WHY (new laws, mandates, etc)?

C. NAME OF EMPLOYEE'S SUPERVISOR
D. TITLE OF EMPLOYEE'S SUPERVISOR
E. ARE THERE OTHER POSITIONS IN THIS DEPARTMENT PERFORMING SIMILAR DUTIES?
F. HOW WILL ANY INCREASED COST BE FINANCED?
G. OTHER COMMENTS:

DEPARTMENT HEAD SIGNATURE	Date:
VICE PRESIDENT SIGNATURE	Date: