LAKELAND COMMUNITY COLLEGE

REQUEST FOR POSITION RECLASSIFICATION

Employee Name:	Date:	
Current Position Title:	<i>Current</i> Pay Grade:	
Department:	Supervisor:	
 Instructions for requesting a position classification review: Request a copy of the current job description on file in the IR eview the job description and using a RED ink pen: 1) dra eliminated; 2) add a description of duties or tasks that have changes to the knowledge, skills, and abilities required as a responsibility. If you would like to further explain your reasons for request with this completed form. Answer the questions below (side one of this page) and subto your supervisor for his/her information and acknowledge 	w a line through duties or tasks that have been been added or revised; 3) add a description of result of the new duties or expanded level of ting a reclassification, you may include a narrative mit the completed form and revised job description	
 If you hold the same position title and classification as others in your department, is your position the only one that has experienced the changes you noted in the job description? Yes No Why did your job duties change? For example, was it due to a new program or service being offered? 		
3. When did these changes to your position occur or take effect	t?	
4. Are the changes that occurred, the result of standard advances in the field or in the technology used to do the work? Yes No		
5. Are there other positions within the College that you compare	e yours to and if so, which are those?	
Acknowledgement of request:		
Supervisor	Date:	
Director or Dean	Date:	
Vice President:	Date:	

Human Resources Notes:			
			
			
Commence of House Decours	nos Donomoro dotiono		
Summary of Human Resource	ces Recommendation:		
No change			
Change to:			
Proposed Title:			
Proposed Pay Grade:			
Prepared by:			
·	Human Resources Representative		
Approval of the Reclassificat	tion:		
President:	Date:		