

<b>Employee Name:</b>	<b>Employee ID Number:</b>
<b>Department:</b>	<b>Position Number:</b>
<b>Current Title:</b>	<b>Proposed Title:</b>
<b>Supervisor:</b>	

**An updated Role Description must be submitted to and reviewed by Human Resources as part of this process.**

The department must have a permanent, business need for the new level of duties. In order to determine if a legitimate business need exists for the development and implementation of a career ladder please answer the following questions.

1. What significant operation and/or business needs have changed within the department? *Please address how this career ladder will address the departmental need, what transfer of duties will be involved and any changes in department structure.*
  
2. What is the departmental impact if the career ladder progression is not established?
  
3. What is the projected budget impact of this career ladder progression and does the department have funding and approval for the proposed increase upon completion of the career ladder progression?

**Required Signatures:** Your signatures signify that a legitimate department need exists and funding has been identified for additional salary.

<b>Assistant/Associate Printed Dean's Name:</b>	
<b>Assistant/Associate Dean's Signature:</b>	<b>Date:</b>
<b>Fiscal's Printed Name:</b>	
<b>Fiscal's Signature:</b>	<b>Date:</b>
<b>Human Resource's Printed Name:</b>	
<b>Human Resource's Signature:</b>	<b>Date:</b>
<b>Dean/CEO's Printed Name:</b>	
<b>Dean/CEO's Signature:</b>	<b>Date:</b>