



**Lehigh University  
Position Re-Evaluation Request Form**

This form is used when requesting a re-evaluation of an existing position because of required changes in job accountabilities, responsibilities, and supporting activities. Approval of a re-evaluation does not necessarily mean that a position's grade will change.

**Instructions:**

- Supervisor/incumbent makes appropriate revisions to position description in on-line PD tool.
- Supervisor prints copy of revised PD and submits with completed *Position Re-Evaluation Request Form*.
- Supervisor completes Part A.
- Department Chair, Head, or Center/Institute Director reviews Part A and completes Part B.
- Dean, Director, AVP, or Vice Provost reviews Part A & B and completes Part C.
- President, Provost, Vice President, or direct report to the President completes Part D.
- Budget Office approval needed in Part E.

**Part A: To be completed by supervisor and submits with revised PD to Department Chair, Head, or Center/Institute Director.**

Title of Position:	Current Grade:
Department:	
Current Incumbent: <i>(Indicate previous incumbent if currently vacant)</i>	Position Number:
Supervisor Name and Title:	
Date of most recent position evaluation and/or re-evaluation request:	
<i>List the significant changes that may have an impact on this position's classification:</i>	
1.	
2.	
Signature:	Date:
Print Name and Title:	

**Part B: To be completed by Department Chair, Head, or Center/Institute Director.**

- Determine if changes are significant enough to impact the position's grade (call HR for guidance)
- Determine if sufficient funds are available in departmental accounts if the re-evaluation results in a position upgrade or ingrade adjustment
- If approved, forward to Dean, Director, AVP, or Vice Provost
- If not approved, return to supervisor and forward copy to Human Resources.

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position reevaluation.
- I do not concur that the significant changes listed above warrant a position reevaluation.
- A departmental account has sufficient funds to cover the cost if a re-evaluation results in a salary adjustment.
- A departmental account does not have sufficient funds to cover the cost if a re-evaluation results in a salary adjustment.
- I do not anticipate the need for additional funds because:
  - The position is vacant
  - I expect a position downgrade
  - Other

Signature:

Date:

Print Name and Title:

**Part C: To be completed by Dean, Director, AVP, or Vice Provost.**

- Review Parts A & B and determine if changes are significant enough to impact the position's grade (call HR for guidance)
- Indicate funding source if re-evaluation results in a position upgrade or ingrade adjustment
- If approved, forward to President, Provost, Vice President, or direct report to the President, whichever is applicable
- If not approved, return to supervisor and forward copy to Human Resources.

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position reevaluation.
- I do not concur that the significant changes listed above warrant a position reevaluation.
- Any required funding will come from (please check one and supply account number):
  - Department (Account # \_\_\_\_\_)
  - Vice President or Provost (Account # \_\_\_\_\_)
  - Other (Account # \_\_\_\_\_)
- I do not anticipate the need for additional funds because:
  - The position is vacant
  - I expect a position downgrade
  - Other \_\_\_\_\_

Signature:

Date:

Print Name and Title:

**Part D: To be completed by President, Provost, Vice President, or direct report to the President)**

- Indicate approval of request and concurrence of funding source
- If approved, forward to Human Resources
- If not approved, return to Dean, Director, AVP, or Vice Provost and forward copy to Human Resources.

Please check all boxes that apply:

- I concur that the significant changes listed above warrant a position re-evaluation.
- I do not concur that the significant changes listed above warrant a position re-evaluation.
- I concur with the funding source identified in Part C.

Signature:

Date:

Print Name:

**Part E: Budget Office Approval:**

- The budget identified above has sufficient funds for this evaluation.
- The budget identified above does not have sufficient funds for this evaluation.

Signature:

Date: