



**LABBB Lane Change Request Form**

**Directions:** Prior to November 1<sup>st</sup> of any given year, this Lane Change Request Form plus all supporting documentation must be submitted via email to Pam Girouard for consideration effective the following school year. If a Lane Change Request Form is submitted either incomplete or after November 1<sup>st</sup>, LABBB reserves the right to delay any lane change for an additional school year. No request will be considered verbally or without this completed Form.

**Today's Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**LABBB Program:** \_\_\_\_\_

**Program Director:** \_\_\_\_\_

**Current Lane/Degree:** \_\_\_\_\_

**Requested Lane/Degree:** \_\_\_\_\_

I, \_\_\_\_\_ (employee name), confirm I have obtained additional postgraduate credits that make me eligible for a lane change in the upcoming school year. I am attaching to this Lane Change Request Form official copies of my postgraduate coursework as evidence of my successful completion.

\_\_\_\_\_  
Employee Signature                      Date Signed                      Executive Director                      Date Signed

\_\_\_\_\_  
HR Manager                                      Date Signed