

WORKING TITLE REQUEST FORM

Leaders are encouraged to read the Working Title Guidelines (www.wichita.edu/WorkingTitles) prior to submitting a Working Title Request. All requests for a Working Title will be reviewed and evaluated for compliance with the Working Title Guidelines. The Leader may consult with the Human Resources Business Partner (HRBP) for guidance, as needed. Completed forms should be emailed to MarketBasedComp@wichita.edu for review.

Working Title Requests are reviewed by HR. Working Title Requests not supported by HR will require additional review by the Divisional Officer or designee.

Description of Req	uest				
Employee Name				Employee WSU ID	
Org #				Department Name	
Job Title*				Position Number	
Requested Working	g Title				
*This is the job title o	n the job descr	ription ir	the job catalog		
Business need as o	outlined in th	e Worl	king Title Guide	elines for requested working title:	
Signatures/Appro					
				Date:	
Leader (printed nan		mn@vvi	abite adu for raviave	by HR Compensation Team.	
•		лпр(<i>а</i> , w г	cinta.edu foi feview	by HK Compensation Team.	
Human Resources	•	Ma	Data Bassianna da		
Supported?			Date Reviewed:		
Reviewer Name:			-	ture:	
Reason Requested	l Working Ti	tle is n	ot Supported by	HR:	
HR Comments:					
Divisional Officer	Designee Us	e Only			
	Ŭ			Date Reviewed:	
Reviewer Name:				Reviewer Signature:	
				-	
Divisional Officer /	Designee Co	mment	s:		