

Working Title Update Request

Complete this form to update employment Working Title. Completed forms can be returned to Human Resources in Sierra Hall room 119.

*All working titles must follow CSU Working Titles Guideline (Non-Faculty Represented, Confidential and Excluded Employees) effective January 1, 2016 on page 2 of this document.

**For assistance completing any fields on this document, contact Classification & Compensation Services: (909) 537-3172 or x73172 or ClassandCompServices@csusb.edu

Employee Information	
Employee/Coyote ID Number:	Employee First Name: Employee Last Name:
Department/College Name:	
Position Number (8 digit number associated with your position on campus, work with department Analyst or Human Resources to determine):	
Current Classification (i.e. Administrative Support Coordinator, Information Technology Consultant) :	
Current Working Title (may be the same as current classification):	
Requested Working Title (100 character limit):	
Signature Approvals	
<p>Signature of approval states the following:</p> <ol style="list-style-type: none"> (1) The working title is needed to further clarify the specific function, area or specialty of the employees position. (2) The current working title is insufficient and/or not self-explanatory enough to where an updated working title is needed. (3) The requested working title clearly describes the function, responsibilities or scope of the position, and does not misrepresent the authority or function of the positions. (4) The working title requested utilizes terms that are easily recognizable and understood by internal and external entities. (5) The requested working title does not contain titles such as "Manager", "Director", "Assistant Director", and/or "Supervisor" unless the position is designated as part of the MPP (Management Personnel Plan). 	
Employee Signature:	Date of Signature:
Employee Supervisor Name Printed: (if applicable)	
Employee Supervisor Signature: (if applicable)	Date of Signature:
Employee Appropriate Administrator Name Printed: (Must be an MPP)	
Employee Appropriate Administrator Signature: (Must be an MPP)	Date of Signature:
<p>Return completed form to Classification & Compensation Services in Sierra Hall, room 119 for final review. Either drop off the form, interoffice mail, or scan to us at ClassandCompServices@csusb.edu. During this review, the department of the employee may be required to submit a revised position description reflecting the new working title, and other personnel forms.</p>	
Human Resources Processing Only	
Human Resources Approval:	Date of Human Resources Approval:
Human Resources Processor Signature:	Human Resources Processor Entered Date: