

***Request for Title Change/Review***

Current Position Title: \_\_\_\_\_

Proposed Position Title: \_\_\_\_\_

Position Number(s): \_\_\_\_\_

Employment Type: \_\_\_\_\_ (CUPE, Exempt, Academic Services)

Department: \_\_\_\_\_

Incumbent: \_\_\_\_\_ (Local: \_\_\_\_\_)

Supervisor: \_\_\_\_\_ (Local: \_\_\_\_\_)

Rationale for Title Change:

Director of Human Resources: : Approved    : Propose Alternate

Alternate Recommendations:

Approved Outcome:

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_