



WORKING TITLE REQUEST FORM

/HDGHUV DUH HQFRXUDJHG WR UHDG WKH :RUNLQJ 7LWOErior* Xd GH (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 HXR BQR XUFHV Business Pa (HRBP) for guidance, as needed. & RPSOHWHG IRUPV VKRXOG EH HPDLOHG WR ODUN

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

DHVFULS MLTRQHVW

(PSOR\HH 1DPH _____	EmployeeWSU ID _____
Org # _____	DepartmentName _____
Job Title* _____	Position Number _____

Requested Working Title _____

*This is the job title on the job description in the job catalog

Business needs outlined in the Working Title Guidelines for requested working title:

Signatures/Approvals

Reviewer Signature: _____

Reason Requested working titles not Supported by HR

HR Comments:

Divisional Officer/Designee Use Only

Approved?	Yes	No	Date Reviewed: _____
Reviewer Name: _____	Reviewer Signature: _____		