



Title Change Request Form

Note: This form is only for Title Change for HUMAN RESOURCES STAFF USE ONLY. It is not to be used for self-employee updates, such as ESS tasks. Please complete the form and e-mail it to the Compensation and Classification Department at class-comp@mail.montclair.edu - Thank you

Employee Name:	CWID:	Phone Ext #:
Supervisory Organization:		E-mail:

All fields are required unless noted otherwise

Current Title: _____

New Title: _____ **Effective Date:** _____

Reason for the Title change request:

Re-Organization *Promotion* *Demotion* *Transfer* *Other*

An explanation of this change is required:

Please specify (multiple options can be selected)

Title Only *Change in Salary* *Change in Range/Step* *Other Change*

Additional Comments: _____

APPROVALS

I have reviewed request for access for the above named person. My e-signature below acknowledges I have read and agree with this request.

ROLE	Print Name	Signature	Date
Manager:			
Unit Head:			
Div. VP/Exec. Dir.:			

Processed by HR rep: _____ **Date:** _____

Comments: _____