



# Title Change Request Form

Note: This form is to be used only for Title Changes by HUMAN RESOURCES STAFF USE ONLY. It is not to be used for self-employee updates, such as ESS tasks. Please complete and email the form along with a copy of the revised job description to Classification and Compensation Department at [class-comp@montclair.edu](mailto:class-comp@montclair.edu).

<b>Employee Name:</b>	<b>CWID:</b>	<b>Phone Ext #:</b>
<b>Supervisory Organization:</b>		<b>E-mail:</b>

*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
<b>Manager:</b>			
<b>Unit Head:</b>			
<b>Div. VP/Exec. Dir.:</b>			

**Processed by HR rep:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_