

Attachment D: Faculty Title Change Action

Name: _____ Supervisor: _____
Employee I.D.: _____ Department: _____
Position Number: _____ College: _____

	Present Position	Proposed Position
Job Code		
Classification		
Working Title		

If reclassification is not lateral, an explanation must be attached.

<p>____ I have reviewed the University and department placement criteria for the Specialized Faculty track in relation to this faculty member’s qualifications. The proposed position classification is in alignment with these criteria.</p>	
_____ Department Chair/Supervisor Signature	_____ Date

Faculty Member: (check one)

____ I have reviewed the University and department placement criteria and have had the opportunity to discuss any concerns with my department chair/supervisor and I agree with the proposed position classification.

____ I have reviewed the University and department placement criteria and have had the opportunity to discuss any concerns with my department chair/supervisor and I disagree with the proposed position classification. I have been advised of the appropriate next steps for a higher-level review.

____ I have reviewed the University and department placement criteria and have had the opportunity to discuss any concerns with my department chair/supervisor and I reject the proposed position classification. I have chosen to retain my current position without reclassification at this time.

Faculty Member Signature
Please route completed form to: _____
The Office of Human Resources