

UNIVERSITY OF WISCONSIN-STOUT

ACADEMIC STAFF REQUEST FOR CHANGE IN PREFIX/TITLE

Name: _____ **Present Prefix/Title:** _____
Department: _____ **Requested Prefix/Title:** _____

Rationale for Change: (A copy of your completed Position Description Questionnaire and any additional documentation in support of this change may be attached. Rationale should relate to the requirements outlined for the prefix being requested.)

Signed: _____ Date: _____
(Employee)

Immediate Supervisor/Department Chair (Forward all materials to the Dean/Unit Director within 5 working days.)

Concur
Do NOT Concur _____
(Reason for not concurring. Further rationale may be appended.)

Signed: _____ Date: _____
(Supervisor/Department Chair)

Dean or Unit Director (Forward all documentation to the Division Administrator within 10 working days.)

Concur
Do NOR Concur _____
(Reason for not concurring. Further rationale may be appended.)

Signed: _____ Date: _____
(Dean/Unit Director)

Division Administrator (Forward all documentation to the Director of Human Resources within 10 working days.)

Concur
Do NOT Concur _____
(Reason for not concurring. Further rationale may be appended.)

Signed: _____ Date: _____
(Division Administrator)

ACTION OF HUMAN RESOURCES

Prefix/Title Assigned: _____
(Prefix) (Title)

Effective Date of Title Change: _____

Signed: _____ Date: _____
(Director of Human Resources or Designee)

NOTE: a member of the Human Resources staff will notify the applicant of the decision. If approval has been DENIED or the academic staff employee and/or supervisor(s) disagree with the decision of the Human Resources office, an appeal process may be initiated.