

**Kansas State University College of Veterinary Medicine**  
**Working Title Request Form**

Request Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Code Title: \_\_\_\_\_

Requested Working Title: \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Administration & Finance Date

Please complete and return to Human Resources, 102 Trotter Hall