



**University of Nebraska**  
**Title Determination Form**

**Current Information**

Current Working Title:	Job Family (HR Use Only):	Job Family Zone (HR Use Only):
System Title	Position Number:	FLSA Status:
Employee's Name:	SAP Personnel #:	Department Name:
		Supervisor Name:

**Proposed Changes**

Proposed Working Title:	Job Family (HR Use Only):	Job Family Zone (HR Use Only):
System Title	Position Number:	FLSA Status:
		Department Name:

**Justification for Change**

**Steps Completed**

- Completed an updated job description
- Reviewed FLSA guidelines
- Compared positions within the department and across campus
- Reviewed Benchmark Salary Survey Information
- Obtained approval from appropriate supervisory levels

**Additional Information**

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**Signatures**

Supervisor:

Dean/Director:

Vice Chancellor:

Human Resources: