

STAFF POSITION TITLE CHANGE ONLY

Office of Human Resources Compensation

SECTION 1: Current Information

Employee Name:	Position Title and Code:	
Current Salary:	Department:	FTE:
Division:	Account Number:	
SECTION 2: Proposed Information Proposed New Position Title:		
New Position Code (if applicable) Department:	Division:	
Effective Date:	Account Number:	
SECTION 3: Justification or Addition	nal Explanation for Change of Positi	ion Title
Note: Please attach the job des	scription with new title and any	edits.
SECTION 4: Authorization		
Department Head/Chair:	Dean (If applicable):	
Research & Sponsored Programs: (If grant funded	Manager, Academic Budgets: (If Academic Affairs Division)	
Budget Office:	Chancellor and President OR Divisional Vice President/Provos (Whichever is applicable)	t:
Compensation, HR:	Executive Director of HR:	