



STAFF POSITION FTE ADJUSTMENT REQUEST

TEXAS WOMAN'S UNIVERSITY™

Office of Human Resources
Compensation

SECTION 1: Current Information

Employee Name:	Position Title:	Current FTE:		
Current Salary:	Department:	Division:		
Current Budget Source:		FTE:	PROP:	Salary:
Current Budget Source:		FTE:	PROP:	Salary:
Current Budget Source:		FTE:	PROP:	Salary:
Current Budget Source:		FTE:	PROP:	Salary:

SECTION 2: Proposed Information

Proposed New FTE:	Cost:	Effective Date:		
Proposed Budget Source:		FTE:	PROP:	Salary:
Proposed Budget Source:		FTE:	PROP:	Salary:
Proposed Budget Source:		FTE:	PROP:	Salary:
Proposed Budget Source:		FTE:	PROP:	Salary:

SECTION 3: Justification or Additional Explanation for Change in FTE.

SECTION 4: Authorization

Department Head/Chair:

Dean (If applicable):

**Research & Sponsored Programs:
(If grant funded)**

**Manager, Academic Budgets:
(If Academic Affairs Division)**

**Budget Office:
(Funding Verification)**

**Chancellor and President OR
Divisional Vice President/Provost:
(Whichever is applicable)**

Compensation Manager:

Executive Director of HR: