

## STAFF POSITION FTE ADJUSTMENT REQUEST

Office of Human Resources Compensation

Compensation, HR:

## **SECTION 1: Current Information**

Employee Name:	Position T	itle:		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:	
Position Code					
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	on or Additional Ex	planation for C	hange in	FTE.	
SECTION 4: Authorizat	ion				
Department Head/Chair:		Dean (If application	Dean (If applicable):		
Research & Sponsored Prog (If grant funded)	ırams:	Manager, Academic Budgets: (If Academic Affairs Division)			
Budget Office: (Funding Verification)		Chancellor and President OR Divisional Vice President/Provost: (Whichever is applicable)			

**Executive Director of HR:**