



STAFF POSITION TITLE CHANGE ONLY

**TEXAS WOMAN'S
UNIVERSITY™**

*Office of Human Resources
Compensation*

SECTION 1: Current Information

Employee Name:

Position Title:

Current Salary:

Department:

FTE:

Division:

Account Number:

SECTION 2: Proposed Information

Proposed New Position Title:

Department:

Division:

Effective Date:

Account Number:

SECTION 3: Justification or Additional Explanation for Change of Position Title

Note: Please attach the job description 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/Provost:
(Whichever is applicable)**

Compensation Manager:

Executive Director of HR: