



TEXAS WOMAN'S  
UNIVERSITY

Position Approval Form - Faculty

College

Department

Campus

Position Title

Reason Position is being Requested

Requested Effective Date of Position

Name of Account(s)

Account Number(s)

9-month Salary

Monthly Salary

FTE

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*Project Investigator (if applicable)*

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*Research & Sponsored Programs (if applicable)*

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*Chair/Director*

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*Dean*

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*Provost*

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*Budget Office*

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*Manager of Compensation*