



**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:

**SECTION 2: Proposed Information**

Proposed New Position Title:

Department:

Division:

Effective Date:

**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)

Academic Financial Services:  
(If Academic Affairs Division)

Budget Office:

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

Compensation Manager:

Sr Associate VP & CHRO: