



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)	Academic Financial Services: (If Academic Affairs Division)
Budget Office: (Funding Verification)	Chancellor and President OR Divisional Vice President/Provost: (Whichever is applicable)
Compensation Manager:	Sr Associate VP & CHRO: