



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

**SPONSORED EMPLOYEE  
JOB TITLE CHANGE, WORK LOCATION  
CHANGE OR INTERNAL TRANSFER**

**UPDATED: December 2022**

**Please return the completed forms and all supporting documents by mail or email to:**

**TTUHSC Office of Institutional Compliance  
Immigration & Compliance Services  
3601 4<sup>th</sup> Street, Mail Stop 8165  
Lubbock, TX 79430  
Ph: (806) 743-4826  
Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)**

**SPONSORED EMPLOYEE PROMOTION, DEMOTION OR DEPARTMENT TRANSFER**  
**PREVAILING WAGE & ACTUAL WAGE DETERMINATIONS**

When a sponsored employee has a job title change, work location change (including remote agreements), or changes departments within TTUHSC, Immigration & Compliance Services (ICS) must be notified **at least 30 days in advance**. ICS will review specific aspects of the job change, to include new job duties and any relevant wage requirements. ICS will also determine whether notification to government agencies is required.

The responsible department must complete the requested information below. Any questions regarding this requirement should be directed to ICS **PRIOR** to notifying the sponsored employee. **Please note: ICS may determine that the requested action may not be possible, or may be delayed temporarily to permit the completion of application or petition processes.**

<b>REASON FOR CHANGE IN EMPLOYMENT</b> (Select all that apply)	<input type="checkbox"/> <b>Promotion</b>  <input type="checkbox"/> <b>Demotion</b>  <input type="checkbox"/> <b>Reduction or Increase in Hours of Work (within same department)</b>  <input type="checkbox"/> <b>Change or Additional Worksite Locations</b>  <input type="checkbox"/> <b>Transfer to Another Department</b>
---	---

Current Department Administrative Contact:  <div style="text-align: right;">Name:</div> <div style="text-align: right;">Phone:</div> <div style="text-align: right;">Email:</div>	
<b><u>If Transferring to New Department</u></b> New Department Administrative Contact:	
	<div style="text-align: right;">Name:</div> <div style="text-align: right;">Phone:</div> <div style="text-align: right;">Email:</div>
Foreign Employee Name:  <div style="text-align: right;">Last Name:</div> <div style="text-align: right;">First Name:</div> <div style="text-align: right;">Middle Name:</div>	
New Job Title (if Job Title is Changing):	
Highest Academic Degree Required for Position:	
Minimum Years of Work Experience Required	

Are Licenses, Certifications, etc., Required for the Position?	
Brief, Non-Technical Description of New Duties:	
List <b><u>ALL</u></b> New or Changed Worksite Addresses for Employee:	
New Annual Salary or Hourly Wage Rate:	
Full-Time/Part-Time:	<p>Full-Time</p> <p>Part-Time</p> <p>Part-Time Hours/Week (can be a range):</p>
<p>Date Employment Changes Take Effect</p> <p><b><u>NOTE:</u></b> No changes should occur prior to review <u>and</u> response from ICS.</p>	

**ACTUAL WAGE DETERMINATION (If Applicable)**

The actual wage determination is the wage paid by the Department to all other employees (in the specific job position) with similar education, specialized knowledge, experience and qualifications. The Employee's salary must fall within the range of actual salaries and cannot be lower.

TTUHSC uses a formal salary structure --- the Pay Plan --- to create employee categories and wages. Other established salary structures are used for certain groups (e.g. AAMC Survey of Resident/Fellow Stipends and Benefits, or NRSA Stipend Levels).

Please indicate which established salary structure was used to determine the wages to be paid for this position:

- ☐ TTUHSC Pay Plan (Human Resources)
- ☐ GME Resident/Fellow Salary Plan (AAMC Survey of Resident/Fellow Stipend & Benefits)
- ☐ AAMC Report on Medical School Faculty Compensation Survey
- ☐ AACP Salary Database (Pharmacy Faculty Salaries)

**IF YOU DID NOT USE ANY OF THE ESTABLISHED SALARY STRUCTURES LISTED ABOVE**

**PLEASE CONTACT ICS AT [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)**