



## Staff Work Assignment Change Form - Single Employee

**Form Instructions:** Complete the applicable fields and submit the form to the Human Resources Office for review and processing. If the proposed change affects the new supervisor's level of responsibility, then please contact your HR Administrator. Changes are not approved until all signatures are obtained.

<b>Effective Date of Change:</b>		
<b>Employee Name &amp; ID:</b>		
<b>Supervisor's Name:</b>	<b>From:</b>	<b>To:</b>
Name & Empl ID		
<b>Type of Change:</b>	<b>From:</b>	<b>To:</b>
Shift Change		
Building Change		
Other (Explain)		
<b>Department / Account Code:</b>	<b>From:</b>	<b>To:</b>

Approvals: Sign and date	
<b>Department Head or Designee</b>	
<b>Budget Administrator (account code changes only)</b>	
<b>HR Administrator</b>	

By submitting this form, the Department Head, Designee, or Budget Administrator is acknowledging, as appropriate, the proposed changes have been discussed and approved by management.