# Staff Work Assignment Change Form - Multiple Employees

**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.

<table>
<thead>
<tr>
<th>Effective Date of Change:</th>
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<table>
<thead>
<tr>
<th>Supervisor's Name:</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Empl ID</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Change:</th>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>Shift Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Explain)</td>
<td></td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Department / Account Code:</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
</table>

**Direct Reports:**

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Empl ID:</th>
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**Approvals: Sign and date**

<table>
<thead>
<tr>
<th>Department Head or Designee</th>
</tr>
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<table>
<thead>
<tr>
<th>Budget Administrator (account code changes only)</th>
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<table>
<thead>
<tr>
<th>HR Administrator</th>
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</thead>
</table>

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.