

Staff Work Assignment Change Form - Multiple Employees

<u>Form Instructions</u>: 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.

Effective Date of Change:		
Supervisor's Name:	From:	То:
Name & Empl ID		
Type of Change:	From:	То:
Shift Change		
Building Change		
Other (Explain)		
Department /	From:	То:
Account Code:		

Employee Name:	Empl ID:

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

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.