

# Notification of Supervisor Change Form

This form must be submitted to the Office of Human Resources, Sutton G-8, PRIOR TO THE EFFECTIVE DATE whenever a change occurs in an employee's supervisor.

Employee Name \_\_\_\_\_

SAP Personnel Number \_\_\_\_\_ Department \_\_\_\_\_

AFSCME  MANAGER  OPEIU  PSSU  SCUPA  SPFPA

Current Supervisor (please print) \_\_\_\_\_

New Supervisor (please print) \_\_\_\_\_

New Supervisor Working Title \_\_\_\_\_ Effective Date \_\_\_\_\_

## Approval Signatures

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Current Supervisor Signature Date

\_\_\_\_\_  
New Supervisor Signature Date

\_\_\_\_\_  
Office of Human Resources Date