

### **Notification of Supervisor Change Form**

Please submit the completed request to change an employee's supervisor to the Office of Human Resources, G-8 Sutton Hall, by scanning and emailing the completed form to: [human-resources@iup.edu](mailto:human-resources@iup.edu). Please ensure the completed request form is submitted **prior to the effective date of the change** in supervisor. Please provide a detailed explanation of the need for the change.

**Employee Name:** \_\_\_\_\_

**SAP Personnel Number:** \_\_\_\_\_ **Department:** \_\_\_\_\_

AFSCME/SEIU ☐ MANAGER ☐ OPEIU ☐ SCUPA ☐ SPFPA ☐ P O A ☐

**Explanation for the change in supervisor:**

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**Current Supervisor's Name (please print):** \_\_\_\_\_

**New Supervisor's name (please print):** \_\_\_\_\_

**New Supervisor's Position Title:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_

### **Approval Signatures**

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

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

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

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