

Add/Change Time Clock Supervisor

Please return completed form to Human Resources, Sampey Hall.

Effective Date of Change:

New Supervisor:

Previous Supervisor:

(Last, First, MI)

(Last, First, MI)

Supervised Employees:

ALL EMPLOYEES WILL AUTOMATICALLY BE
TRANSFERRED TO THE NEW SUPERVISOR UNLESS
OTHERWISE NOTED.

If applicable, please list all employees that should NOT be
transferred from the previous supervisor. List their full legal name
and ID, if available.

OR if you are in a NEW POSITION (did not exist prior to your
hire) please use the list below to indicate whom you will be
supervising.

Signature of Requesting Supervisor:

(Last, First, MI)

Date