Office of Human Resources
REQUEST TO CHANGE REPORTING STRUCTURE/DEPARTMENT

Instructions: Use this form to facilitate the process of changing the supervisory structure or department of an employee. This form is to be filled out by the Manager/Supervisor that will oversee the affected employee.

Name of Affected Employee: ___________________________________________ ID#: __________

Position: __________________________________________ Proposed Date of Change: ______________

Current Reporting Structure/Department

Department: __________________________ Campus/Location: __________________________

Supervisor/Manager: __________________________

Account Code: __________________________

Proposed Reporting Structure/Department

Department: __________________________ Campus/Location: __________________________

Supervisor/Manager: __________________________

Account Code: __________________________

TARS Department Code: __________________________

Reason for Changes: __________________________

____________________________________________________________________________

____________________________________________________________________________

SIGNATURES AND APPROVAL DATES:

Supervisor/Manager Approval: Date: __________________________

Dean or Director Approval: Date: __________________________

Vice President Approval: Date: __________________________

Human Resources: Date: __________________________