University of New Orleans
Human Resource Management

Change of Supervisor Form

Use this form to change an employee's supervisor. The supervisor is the person that should sign the time sheets and/or the monthly Leave Certification. Please allow one full pay period for this change to be processed. Return this form to Human Resource Management (Admin Bldg, Room 213, fax 6390).

---------- Employee's Information ----------				--------- New Supervisor's Information ----------		
ID	**Name**	**Classification***	**Position #**	**ID**	**Name**	**Position #**

*** C-classified, U-unclassified/academic, or T-temporary**

Date

Department Head's signature