

Employee Name:			
Employee ID:		Effective Date:	

Change(s) due to Reorganization or Reassignment

- The requested changes will have an impact on timesheet approval groups.
- I understand the following request will not result in a classification and/or salary change.

Change in Internal Title

Current Internal Title:			
Recommended Internal Title:			

Change in Supervisor

Current Supervisor:			
Recommended Supervisor:			

Change(s) in Department and/or Funding

Change in Department

Current Hiring Dept Name:		Current Hiring Dept ID:	
New Hiring Dept Name:		New Hiring Dept ID:	

Change in Funding

Current Funding Dept/Grant:			
New Funding Dept/Grant:			

Requestor Information:

Requestor Name:			
Requestor Email:		Requestor Extension:	

Required Signatures: All signatures are required BEFORE submitting to OHR

Dept Head/Chairperson:		Date:	
Dean/Assoc VP/Asst VP:		Date:	
Divisional Budget Officer (DBO):		Date:	

OHR USE ONLY:

Action/Change:	<input type="checkbox"/> Internal Title	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Department	<input type="checkbox"/> Funding
SAP:		Position Number:		
Reviewed By (HR Partner):		Date:		
Approved By (Compensation):		Date:		