



HUMAN RESOURCES NOTIFICATION OF SUPERVISORY CHANGE

Please complete the information below and submit to Human Resources for supervisory changes.

Location: WVC MC DIST

Current Supervisor: _____ Title: _____

Supv. Banner ID# _____ Supv. Position ID# _____ Signature _____

New Supervisor: _____ Title: _____

Supv. Banner ID# _____ Supv. Position ID# _____ Signature _____

Reason for change: _____

Effective Date of Change: _____

Employee Name: _____ Banner ID# _____
Position Title: _____ Position ID#: _____
Department: _____ Employee Signature: _____
(confirming knowledge of change)

Employee Name: _____ Banner ID# _____
Position Title: _____ Position ID#: _____
Department: _____ Employee Signature: _____
(confirming knowledge of change)

Employee Name: _____ Banner ID# _____
Position Title: _____ Position ID#: _____
Department: _____ Employee Signature: _____
(confirming knowledge of change)

Employee Name: _____ Banner ID# _____
Position Title: _____ Position ID#: _____
Department: _____ Employee Signature: _____
(confirming knowledge of change)

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Employee Name: _____	Banner ID# _____
Position Title: _____	Position ID#: _____
Department: _____	Employee Signature: _____ <i>(confirming knowledge of change)</i>

Human Resources Processing:

Human Resources: _____ Date: _____

System Updated: _____