

SUPERVISORY CHANGE FORM

A&P / USPS / Faculty
The Florida State University

INSTRUCTIONS: Use this form to change the supervisor of a single position. Supervisory changes for A&P and USPS positions are to be submitted to Compensation/Classification and supervisory changes for Faculty are to be submitted to the Vice President for Faculty Development and Advancement.

DEPARTMENTAL CONTACT			
Name	Mail Code	Phone	Department Name

EMPLOYEE			
Position #	Job Code	Title	Department #

NEW SUPERVISOR			
Position #	Job Code	Title	Department #

PREVIOUS SUPERVISOR			
Position #	Job Code	Title	Department #

HR USE ONLY
Approved Effective Date:
HR Approver Signature:

APPROVAL

I certify that I have reviewed and been provided a copy of the current position description for the position which I am assigned.

Printed Name of Employee	Signature of Employee	Date

I understand that intentional falsification of this document is in violation of Florida State statutes and may result in disciplinary action or prosecution.

Printed Name of NEW Immediate Supervisor	Signature of NEW Immediate Supervisor	Date

Reviewing Authority:

Printed Name of Appropriate VP, Dean, Director, Department Head or other Administrative Officer	Signature of Appropriate VP, Dean, Director, Department Head or other Administrative Officer	Date