



OFFICE OF  
HUMAN RESOURCES

## Title, Department, or Supervisor Change Form

Name of Employee Changing: \_\_\_\_\_

SU ID of Employee Changing: \_\_\_\_\_

	CURRENT INFO	NEW INFO
<b>Title</b>		
<b>Department</b>		
<b>GL Info</b> <i>Addtl GL &amp; percentage if less than 100%</i>		
<b>Supervisor</b>		

**Effective Date of Change:** \_\_\_\_\_

Approving Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Dean or Department Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to [HRForms@seattleu.edu](mailto:HRForms@seattleu.edu)

### Human Resources Section Only

