

SUPERVISOR CHANGE REQUEST FORM

FORM INSTRUCTIONS:

This form must be used for any supervisor changes. This includes supervisor changes for faculty and staff. The supervisor, when assuming new and/or additional direct report(s), should complete this form with their Department Head and submit the completed form to Human Resources. If a supervisor leaves Hampshire College, this form must be completed by the Department Head to move the direct report(s) to the appropriate supervisor. All changes will be updated in ADP.

Effective Date of Supervisory Change _____

New Supervisor Name/Employee ID	Previous Supervisor Name

Below enter the employee(s) who will be reporting to the new supervisor indicated above.

Last Name	First Name	Employee ID (Optional)	Department

Department Head

Name _____

Date _____

Signature _____

Human Resources

Name _____

Date _____

Signature _____