

Employee Reports to Change Form

Requesting Employee Name:

Requesting Department:

Employee (s) to be changed:

Old Reports to NAME:

Old Supervisor NAME:

New Reports to NAME:

New Supervisor NAME:

Reason for Change:

Date:

Approving Supervisor's Name:

Approving Supervisor's Signature:

HR Information: (do not write below this line)

Employee ADP ID:

Requesting Department Number:

Old Reports to ADP ID:

Old Supervisor ID ADP ID:

New Reports to ADP ID:

New Supervisor ID ADP ID:

Date:

HR Approving Name:

HR Approving signature: