



Reports-To Supervisor/Time Approver Change Form

Instructions: Complete this form and submit when you plan to make an organizational structure change to a position's "Reports-To" Supervisor and/or an employee's Time and Absence approver. Budget Services and Human Resources will use this information to update OneUSG and/or PeopleAdmin in order to ensure proper routing of Timesheets, Leave Requests/Reports, and Performance Appraisals. If you are requesting any changes outside of supervisory changes (e.g. salary changes, title changes, etc.), you must submit a Personnel Action Request (ePAR/PAR). Once completed, **please send this form to Budget Services in Aycock Hall, Room 239.**

Employee/Position Structure Changing:

Name:	Employee #:	Position #:

What's Changing?: (check each box that applies)

Update "Reports-To" Supervisor – Responsible for direct supervision and evaluation. This position will be the "one-up" in the organizational chart and the position Supervisor in PeopleAdmin. When this data element changes it changes for everyone hired in the position. For multi-incumbent positions (students, temporary labor, etc.), a form will be required for each employee.

Effective Date of Change (*Must be beginning of future pay period*): _____

Department Number: _____ Contact Phone: _____

Current Reports To/Supervisor: _____ Current Reports To Position Number: _____

New Reports To/Supervisor: _____ New Reports To Position Number: _____

Update Timecard Approver – Responsible for monitoring and approving employee time

Effective Date of Change (*Must be beginning of future pay period*): _____

Department Name: _____ Contact Phone: _____

Current Time Approver: _____ Current Time Approver Empl ID: _____

New Time Approver: _____ New Time Approver Empl ID: _____

Original forms are due by the Payroll Processing Date to Budget Services to impact the current pay period. Any forms received after this date will be processed on the next pay period. This means the current Reports To and Time approver will be responsible for any action needed for the employee to be paid on the current payroll. To maintain accurate employment files, please **complete this form for each employee** that will require the change.

Certification: I have reviewed the above changes and certify that I agree to assume the indicated supervisory responsibilities for the employees listed above. I certify that my scope of work and job description includes the supervision of employees and other duties assigned to me via this change. I certify the employee has also been informed of this change.

Current Supervisor Signature / Date

New Supervisor Signature / Date

HR Updated: (Initials)			Budget Office Updated:			
_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
PY	PA	DocM	Refresh Position	Initials	Date	Pay Group

Please submit completed forms to Budget Services in Aycock Hall, Room 239