

## **Supervisor Change Form**

For use within MSU Extension Only

## **Form Instructions:**

This form can be used for any supervisor/direct report change within MSU Extension. This includes supervisor changes for Academic, Non-Academic, Temporary, On-Call and Student employees.

completed form and does not h move the direct	, when assuming new and/or additionant to MSUE HR (either by email msue.ht ave an immediate replacement, this for the reports to a temporary supervisor. Apply MSUE HR after the form is received.	r <mark>@msu.edu</mark> or fax: 517 rm must completed by	-432-4986). If a su someone else in t	pervisor leaves MSU he organization, to
Effective Date	e of Supervisory Change:			
	NEW Supervisor Information	Previous	Supervisor Infor	mation (if applicable)
Name				
Institute/Org				
Name(s) of er	mployees that as of	will report to		
Last Name	First Name	Employee Type	Institute/Org	County
Name of person submitting this form:				te Submitted:
e by MSU E	xtension HR Only			
als:				
and/or DD	Notes/Comments:			

For use by MSU Extension HR Only					
Approvals:  ID and/or DD	Notes/Comments:				
HR Notification of Change:					