The Florida State University

A&P / USPS / Faculty

MASS SUPERVISORY CHANGE FORM

INSTRUCTIONS: Use this form to change the supervisor of groupings of positions to the same supervisor. Supervisory changes for a single position must be submitted via the regular Supervisory Change Form. Supervisory changes for A&P, USPS, and Faculty positions are to be submitted to Compensation/Classification.

APPROVAL	DATE	HR USE ONLY	7
New Immediate Supervisor's Name	New Immediate Supervisor's Signature	Approved Effective D	Date:
Appropriate VD Doop Director Department Head or other	Appropriate VD Doop Director Department Head or other Administrative	HR Approver Signati	ture:
Appropriate VP, Dean, Director, Department Head or other Administrative Officer Name	Appropriate VP, Dean, Director, Department Head or other Administrative Officer Signature		

Mail Code

NEW SUPERVISOR			DEPARTMENTAL CONTACT		
Position #	Job Code	Job Title	Department Name	Name	Phone

				Previous Supervisor		
Position #	Job Code	Job Title	Department #	Position #	Employee Name	Employee Signature

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Position # Job Code Job	Title Department #	Docition #		4
		Position #	Employee Name	Employee Signature
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Last Revised: 11/8/2011				