

To be used for changes to current jobs only.

SUPERVISOR INFORMATION

G# _____ Email address _____
NAME First _____ Last _____ Middle _____
Effective Date _____ Department _____
Position #/Suffix # _____ / _____ Job Title _____

POSITONS SUPERVISED

Be sure to include all positions this person supervises, including any vacant positions.

Position Number _____ Employee Name _____ Employee G # _____
Position Number _____ Employee Name _____ Employee G # _____
Position Number _____ Employee Name _____ Employee G # _____
Position Number _____ Employee Name _____ Employee G # _____
Position Number _____ Employee Name _____ Employee G # _____
Position Number _____ Employee Name _____ Employee G # _____

TIMESHEET APPROVER (IF DIFFERENT)

Employee G # _____ Employee Name _____
Position Number _____ Email address _____

PROXY (FOR TIMESHEET APPROVER) (optional)

Employee G # _____ Employee Name _____
Position Number _____ Email address _____

APPROVALS

Signature _____ Date _____
Departmental Approval _____ Date _____

Data Entry

Received by _____ Date _____

- NBAJOBS NBAJQUE NBAPOSN NZRPROX
- PMIS eHR

AUDITS Completed

NBAJOBS Initial and date _____ NBAJQUE Initial and date _____
NBAPOSN Initial and date _____ NZRPROX Initial and date _____
PMIS Initial and date _____ eHR Initial and date _____