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| **Mass Supervisor / TIM Approver Update Request Form** |
| **(\* This form can only be used for updates involving 10 or more changes for the same Supervisor and/or TIM Approver)** |

[ ] Supervisor update Effective Date of Supervisor Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] TIM Approver update Effective Date of TIM Approver Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Update:

The effective date of a Supervisor change should be the actual date of the occurrence. All TIM Approver changes must have a current effective date. Future dated transactions will be held until the effective date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Supervisor PID  | Current Supervisor Name | Current Supervisor Position Nbr | New Supervisor PID | New Supervisor Name | New Supervisor Position Nbr |
|   |   |   |   |   |   |

TIM Approver Update:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current TIM Approver PID  | Current TIM Approver Name |  | New TIM Approver PID | New TIM Approver Name |  |
|   |   |  |   |   |  |

Mark only one Check Box below.

[ ] Apply update to all employees reporting to the current Supervisor or current TIM Approver.

[ ] Apply updates only to the employees listed below? (See List below or attach spreadsheet)

|  |  |  |  |
| --- | --- | --- | --- |
| Employee PID | Empl Recd # | Name | Position |
|   |   |   |   |
|   |   |   |   |
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Dept Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Depart Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Approver (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Approver (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required: Signature from Any School/Division HR Level 2 Approver.)