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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.

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| --- | --- | --- | --- | --- | --- |
| 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)

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| 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.)