

## CHANGE OF SUPERVISOR FORM

<b>Requested Change Of Supervisor For Department Of :</b>
New Supervisor name:
Phone:
New Supervisor Vandal ID number:
Job number(s) in charge of:
<b>If this person's name will be initial contact please complete this box</b>
Address Building and room number:
<b>Please complete this information so we can de-activate previous supervisor</b>
Name of previous supervisor: Vandal ID number:

**OTHER CHANGES OR EXPLANATION FOR ABOVE CHANGES :**