



The Office of Human Resources

Notification of Personnel Change

Current Date

Employee Name: State Title:

Department: Supervisor:

Effective date for change:

Change Requested:

Work Location

From:

To:

Local College Title

From:

To:

Account Code Change

From:

To:

Campus Phone Number

From:

To:

Supervisor

From:

To:

Other:

(Specify)

Reason for
Personnel
Change:

AUTHORIZED SIGNATURES

Department Head _____ Date _____

Area Cabinet Officer _____ Date _____