



**FAIRLEIGH
DICKINSON
UNIVERSITY**

HUMAN RESOURCES
Metropolitan Campus
1000 River Road, H-DH3-05
Teaneck, New Jersey 07666
www.fdu.edu

Supervisor Change Request Form

Form Instructions:

This form must be used for any supervisor changes. This includes supervisor changes for faculty and staff. The supervisor, when assuming new and/or additional direct report(s), should complete this form with their Department Head, Dean, or Vice President and submit the completed form to payroll@fdu.edu. If a supervisor leaves FDU, this form must be completed by the Department Head, Dean, or Vice President, to move the direct report(s) to the appropriate supervisor. All changes will be updated in Colleague, ADP, and Time and Attendance.

Effective Date of Supervisory Change _____

New Supervisor Name/Employee ID	Previous Supervisor Name

Below enter the employee(s) who will be reporting to the new supervisor indicated above.

Last Name	First Name	Employee ID	Department

Signed by
Vice President/Dean/Department Head
Name _____
Date _____
Signature _____