LONGWOOD UNIVERSITY

OFFICE OF ADMINISTRATION & FINANCE

SUPERVISOR/TITLE CHANGE FORM

EMPLOYEE INFORMATION

Legal Name _____ Cardinal ID: _____

POSITION INFORMATION

CURRENT POSITION

Title _____ Position Number _____

Building/Office _____ Phone Number _____

NEW POSITION

Title _____ Position Number _____

Building/Office _____ Phone Number _____

Effective Date _____

Note: If a salary or wage adjustment is recommended with a title/supervisor change, a Permanent Salary Adjustment Form must also be completed.

CHANGE OF STATUS

Check all that apply

☐ Promotion ☐ Demotion ☐ Internal Transfer* ☐ Other

Please provide rationale for the requested supervisor/title change _____

_____

_____

***Internal Transfer** Current Banner Account Code _____ New Banner Account Code _____

REQUESTOR INFORMATION

Earning Code _____

Requesting Department _____ Contact _____ Date _____

AUTHORIZATION

All signature lines are required for final approval.

Vice President _____ Date _____

VP Admin & Finance _____ Date _____

President _____ Date _____

Comp/Class Approval _____ Date _____

HRIS: _____ Cardinal ☐ Banner ☐ Date _____