



# Change of Supervisor Request Form

Is the Supervisor New?

Effective Date of Change:

Supervisor Name:

Supervisor myWSU ID:

Employee Information:

1. Name:	myWSU ID:
	Org:
	Position number:
2. Name:	myWSU ID:
	Org:
	Position number:
3. Name:	myWSU ID:
	Org:
	Position number:
4. Name:	myWSU ID:
	Org:
	Position number:
5. Name:	myWSU ID:
	Org:
	Position number:
6. Name:	myWSU ID:
	Org:
	Position number:

7. Name: myWSU ID:

	Org:
	Position number:
11. Name:	myWSU ID:
	Org:
	Position number:
12. Name:	myWSU ID:
	Org:
	Position number:

Completed By:

Completed Date:

Please complete and email to [hr.servicecenter@wichita.edu](mailto:hr.servicecenter@wichita.edu).