



EASTERN OREGON
UNIVERSITY

EASTERN OREGON UNIVERSITY Employee Supervisor Update Form

Please use this form when you would like to update a supervisor's information.

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____ **DEPARTMENT:** _____

DATE TO CHANGE SUPERVISOR: _____

CURRENT SUPERVISOR INFORMATION:

NAME: _____ **EMPLOYEE ID:** _____

SIGNATURE: _____ **DATE:** _____

UPDATED SUPERVISOR INFORMATION:

NAME: _____ **EMPLOYEE ID:** _____

SIGNATURE: _____ **DATE:** _____

FOR PAYROLL OFFICE USE ONLY:

POSITION NUMBERS - CURRENT: _____ **UPDATED:** _____

RECEIVED ON: _____ **COMPLETED ON:** _____

SUPERVISOR EMAILED ON: _____