



# Office of Human Resources

## REQUEST TO CHANGE REPORTING STRUCTURE/DEPARTMENT

4901 E. Carson Street  
Long Beach, CA 90808  
(562) 938 4372



Instructions: Use this form to facilitate the process of changing the supervisory structure or department of an employee. This form is to be filled out by the Manager/Supervisor that will oversee the affected employee.

Name of Affected Employee: \_\_\_\_\_ ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Proposed Date of Change: \_\_\_\_\_

### Current Reporting Structure/Department

Department: \_\_\_\_\_ Campus/Location: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Account Code: \_\_\_\_\_

### Proposed Reporting Structure/Department

Department: \_\_\_\_\_ Campus/Location: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Account Code: \_\_\_\_\_

TARS Department Code: \_\_\_\_\_

Reason for Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SIGNATURES AND APPROVAL DATES:

Supervisor/Manager Approval:	Date:
------------------------------	-------

Dean or Director Approval:	Date:
----------------------------	-------

Vice President Approval:	Date:
--------------------------	-------

Human Resources:	Date:
------------------	-------

