



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:

