UNIVERSITY OF NOTRE DAME

UltraTime Approving Supervisor Change Form

Date:	
Person Requesting Change:	
Department:	
Campus Telephone:	
Banner Org. Code (*Example : XXXXX*):	

Employee NDID *Example: 90XXXXXXX*	**Employee Name** *Ex: John Q. Student*	**Position Start Date**	**Position Number** *Ex: UXXXXX-00*	**New Supervisor Name** *Ex: Mary Supervisor*	**New Supervisor NetID** *Ex: msupervi*	**Back-Up Supervisor Name** *Ex: Bob Backup*	**Back-Up Supervisor NetID** *Ex: bbackup*

Send completed forms to Payroll via e-mail to: ultratime@nd.edu · Campus Mail to 724 Grace Hall · Fax to 631-3138.

Revised 10/17/2019