

UltraTime Supervisor Change Form

	Date:						
Person Requesting Change:							
	Department:						
	Campus Telephone:						
Pannar Or	g. Code (<u>Example</u> : XXXXX):						
banner Or	g. Code (<u>Example</u> : AAAAA):	5 111					
Employee <u>NDID</u>	Employee Name	Position Start Date	Position Number	New Supervisor Name	New Supervisor <u>NetID</u>	Back-Up Supervisor Name	
Example: 90XXXXXXX	Ex: John Q. Student		Ex: UXXXXX-00	Ex: Mary Supervisor	Ex: msupervi	Ex: Bob Backup	Ex: bbackup
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Send completed forms to Payroll via e-mail to: ultratime@nd.edu · Campus Mail to 724 Grace Hall · Fax to 631-3138.