

## Change of Role Form

Employee Name: \_\_\_\_\_

Current Role: \_\_\_\_\_

New Role: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Supervisor Approval:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **HR Approval:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_