



Title or Department Change Form

Name:

SU ID:

CURRENT	NEW
<p>Title:</p> <p>Department:</p> <p>GL:</p> <p>Addtl GL & percentage if less than 100%:</p> <p>Supervisor:</p>	<p>Title:</p> <p>Department:</p> <p>GL:</p> <p>Addtl GL & percentage if less than 100%:</p> <p>Supervisor:</p>

Effective Date of Change:

Approvals

Supervisor:

Dean or Department Head:

Please send completed form to hr@seattleu.edu.

Human Resources: