

**University of Massachusetts/Amherst  
Department ID Manager Change Request**

Department: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Notify by Email when completed: \_\_\_\_\_

Reason For Change: \_\_\_\_\_

Please change the manager **under the following** (Please select **highest level** for change):

All DeptID's for manager under AMBU: \_\_\_\_\_

*or*

All DeptID's for manager under ADPT: \_\_\_\_\_

*or*

All DeptID's for manager under ASEG: \_\_\_\_\_

*or*

Individual DeptID's:

DeptID: \_\_\_\_\_

DeptID: \_\_\_\_\_

DeptID: \_\_\_\_\_

DeptID: \_\_\_\_\_

DeptID: \_\_\_\_\_

DeptID: \_\_\_\_\_

Manager was: \_\_\_\_\_ PS Employee ID: \_\_\_\_\_  
(Please print name) (8 Digits starting with 1)

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

New Manager is: \_\_\_\_\_ PS Employee ID: \_\_\_\_\_  
(Please print name) (8 Digits Starting with 1)

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

*If any of the above signatures is not available:*

Signature Delegations Removed

Reason signature is not available:

\_\_\_\_\_

MBU Head or VC: \_\_\_\_\_  
(Please print name)

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

*Controller's Office Use Only:*

*Signature Delegations Removed:* \_\_\_\_\_ *Completed by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

When completed please email form to : [chartstr@admin.umass.edu](mailto:chartstr@admin.umass.edu)