

**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:

Reason signature is not available:

MBU Head or VC: _____
(Please print name)

Signature: _____

Controller's Office Use Only:

Completed by: _____ Date: _____

When completed please email form to : chartstr@admin.umass.edu

or Fax 545-9972,