



TIME OFF REQUEST TO CHANGE ORG CHART

Please Select One: New Employee Transfer Employee

Name Key: _____ Name (Last, First, MI): _____

School/Department: _____ Cost Center #: _____

1st level approver* (Name): _____
*(*The first person that reviews leave at your location. This is usually the bookkeeper.)*

(TRANSFERS ONLY) Previous 1st level approver (Name): _____

Position Start Date: _____ Date of Request: _____

Notes: _____

PAF Completed and Approved by Human Resources

In the email to Leave Accounting please CC: your school/department administrator for confirmation.