

EMPLOYEE ACTION AUTHORIZATION

Return to:
University Enterprises, Inc.
HUMAN RESOURCES
6000 J STREET, SUITE 3900
SACRAMENTO, CA 95819-6063
916-278-7003 / UEI-HR@CSUS.EDU

This form must be completed and signed by an authorized individual

MANAGER CHANGE REQUEST

AGENCY/DEPT _____

EFFECTIVE DATE _____

EMPLOYEE ID	NAME	MANAGER 1	MANAGER 2	DEPT. DIRECTOR	EXECUTIVE DIRECTOR

SUPERVISOR / MANAGER COMPLETE AND SIGN

COMMENTS: _____

PRINTED NAME OF CONTRACT MANAGER / PROJECT DIRECTOR _____ E-MAIL ADDRESS _____ PHONE _____

PRINTED NAME OF SUPERVISOR _____ E-MAIL ADDRESS _____ PHONE _____

X _____
AUTHORIZED SIGNATURE _____ DATE _____

University Enterprises, Inc. HR/SPA/Payroll use only

HUMAN RESOURCES DEPARTMENT _____ DATE _____

SPONSORED PROGRAMS ADMINISTRATION _____ DATE _____

PAYROLL SERVICES _____ DATE _____ VERIFIED _____ DATE _____