



NC Office of State Human Resources
Temporary Solutions

Supervisor Change Form

Agency: _____

Division/Facility: _____

Employee Name (Printed): _____
(name should be listed as it is in BEACON)

Personnel/Beacon ID Number: _____

Incorrect Supervisor Name: _____

Correct Supervisor Name: _____

Supervisor's Position #: _____

Supervisor's Personnel #: _____

Effective Date of Change: _____

Signature of Requestor: _____ Date: _____

* The position and personnel number for the correct supervisor is required.

For internal use:

Changed in Temp Wizard Changed in BEACON