



Position Title:

Position Number: FTE:

Has this Employee previously supervised at WSU:

Employee(s) this Position will supervise (if applicable)

If you have more than 8 employees to be supervised, please attach the [Change of Supervisor](#) form.

| WSU ID | Name | Position Number | WSU ID | Name | Position Number |
|--------|------|-----------------|--------|------|-----------------|
|        |      |                 |        |      |                 |
|        |      |                 |        |      |                 |
|        |      |                 |        |      |                 |
|        |      |                 |        |      |                 |

Division:

Department: Org. #:

Employee's Supervisor (name, WSU ID and position number):

Campus Address (room number & building):

Campus Box number: Campus Phone Number (format: xxx-xxx-xxxx):

Is this work completed primarily in person or remotely:

\*\*If remotely and is outside the state of KS or while on an H1B in addition please fill out [Remote Work Request](#) form.

Regular Hours of Work (i.e. hours, days, exceptions):

For Human Resources Use Only:

FLSA Designation: SOC Code: HR Initials: Date:

**Required Knowledge, Skills and Abilities:**

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |