



Supervisor Information Update Form

(Please print, complete, and submit to HRIS@utoledo.edu)

Effective Date: _____

Employee's Rocket Number: _____

Employee's Full Name: _____

Employee's Title: _____

Department: _____

Supervisor's Rocket Number: _____

Supervisor's Full Name: _____

Supervisor's Title: _____

Department: _____

Supervisor's Signature: _____ Date: _____

**Please discuss any outstanding vacation or sick time when transferring supervisors.*