



Supervisory Organization Request

INSTRUCTIONS This form is used to create a new Supervisory Organization or to reassign, edit or inactivate an existing Supervisory Organizations. *Note: Reassign, Edit and Inactivation Requests will be effective the date received by Payroll.*

Create a New Supervisory Organization: *This section is to be used for a worker who has not previously been managing others or for a worker who needs to manage others outside their own organization.*

First name:	Last Name:	UIN:
Effective Date (cannot be future date):		Worker Position Number:
Worker Title:	New Sup Org (Adloc) Number:	
New Sup Org Name:		
What existing Supervisory Organization will this new Sup Org be a subordinate of?		
Organization ID:	Manager:	
Sup Org Number:	Sup Org Name:	

Reassign Superior Organization: *This section can be used to change the superior organization for an existing supervisory organization.*

Organization ID:	Sup Org Number:
Sup Org Name:	
Reassign to Organization ID:	Superior Number:
Superior Name:	

Edit Supervisory Organization Name: *Payroll cannot edit the number or manager name.*

Sup Org Number:	Sup Org Name:
Organization ID:	Edit Sup Org Name to:

Inactivate Existing Supervisory Organization: *The supervisory organization must have no workers, subordinates, or unfilled positions to process your request. If any of these items exist, department must initiate business processes to empty.*

Sup Org Number:	Sup Org Name:
Organization ID:	Manager UIN:

If workers need to be moved from one supervisory organization to another within the same pay station, departments will need to initiate the business process of either Move Workers (Supervisory) or Move to New Manager. If moving between pay stations, department should initiate Change Job business process. Payroll does not have the security role to start this process for you. Job Aids for these business processes are located in SSO in Workday Help in the Use Workday section. Sup Org Name/Number Changes may also require completion of the Adloc Additions / Changes / Deletion form.

Requested by:

Phone:

Date:

Submit to: payroll@tamu.edu

fax: 979.845.4134

phone: 979.862.2898 or 979.845.7129

For Payroll Use Only:

Date Received:	Ticket Number:
Processor:	New Org ID#: