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| **Line Management Change Form** | |
| This form should be completed when there is a change to an employee’s line manager. | |
| **Employee Details** | |
| **School/Service:** |  |
| **Name of Employee(s):**  ***Or attach a list*** |  |
| **Change Details** | |
| **Current Line Manager:** |  |
| **New Line Manager:** |  |
| **Date change is effective from:** |  |
| ***Please ensure that all staff concerned have been notified of this change.*** | |
| **Verification Details** | |
| **Signature of authorised signatory\*:** |  |
| **Print Name:** |  |
| **Job Title:** |  |
| **Date:** |  |
| \*Line Manager/School or Service Manager/Dean/Director | |
| This form should be completed and returned to the Human Resources Department via e-mail to: [HR@hud.ac.uk](mailto:HR@hud.ac.uk) | |