

Supervisory Duties Form

(Submit to Academic Personnel)

DATE: _____

NAME:	TITLE/STEP:
SCHOOL:	DEPARTMENT:

1. Does this individual provide direct supervision of 2 or more employees (e.g. directs work, approves time off, manages performance)? Please explain:

2. If yes, please provide the following information for the employees this individual supervises:

EMPLOYEE NAME	EMPLOYEE TITLE	EMPLOYEE PERCENT FULLTIME

3. Describe how the work of the Academic Researcher will be adjusted and indicate how the adjustment is being communicated to the Academic Researcher.

If you answered "yes" to #1, please proceed to fill out the Supervisory Checklist at: <https://forms.gle/S1ywSYdfMmpikaxL8>