



CRISTO REY ORLANDO HIGH SCHOOL CORPORATE WORK STUDY PROGRAM

Supervisor Change Request Form

Student Information

Student Name: _____

Worksite: _____

Person Making This Request

Name: _____ Job Title: _____

Email Address: _____ Phone Number: _____

Type of Change

☐ Supervisor change only ☐ Department change only

☐ Supervisor and department change **Effective Date of Change:** _____

New Supervisor Information

Name: _____ Job Title: _____

Email Address: _____ Phone Number: _____

Department: _____

Will the student's job duties change as a result of this update?

☐ Yes ☐ No

If yes, please briefly describe the new or updated responsibilities:

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Reason for Change (optional):

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Acknowledgement

By submitting this form, the partner organization confirms that the new supervisor has been informed of program expectations, student work schedule, and evaluation requirements.

Submitted By (Signature): _____ Date: _____