

ORGANIZATIONAL STRUCTURE CHANGE REQUEST

(Only complete sections that apply. Please attach an organization chart to form)

Type: What kind of change is being requested? (Check only ONE.) **Request Date:** _____

- Edit
 Add
 Delete
 Department Name Change

Impact: What/Who does the change impact? (Check ALL that apply.)

- Institution
 School
 Department
 Individual Employee

Brief Explanation of Change:

Affected Position(s): List the current title and number of each affected position.

New Position(s): If change(s) CREATE (s) any new position(s), please list the TITLE of each.

Reclassification(s): If change RECLASSIFIES any position(s), please complete information below:

<i>Employee Name</i>	<i>Employee UV_ID</i>	<i>Employee Title</i>

Reporting/Supervision: Organization Chart Required.

Cost & Org Codes: For each position, list affected cost & org codes and new codes for each, if any.

<i>Employee/Position Title</i>	<i>Index Code(s)</i>	<i>NEW Index Code(s)</i>	<i>Org Code(s)</i>	<i>NEW Org Code (5)</i>

Approvals:

Originator _____ Date _____
 Vice President _____ Date _____
 President _____ Date _____
 Board of Trustees _____ Date _____

HRS Office Use Only (Notifications):

HRS Date: _____ SIS Date: _____
 FRS Date: _____ Budget Date: _____
 Human Resources Signature: _____