

Department Organization Change Request

This form is used to create or update DeptID information when a change to the organizational structure occurs. Please complete the form, obtain approval (MPP or above), and email to Val Maijala (vmaijala@calpoly.edu) x61187.

Requestor Information:

Contact Name: _____ E-mail: _____

Department: _____ Phone: _____

Reason for request:

New DeptID

New DeptID Name (30 char max):

Manager Name:

Parent DeptID (rolls up to):

Will staff be hired in this DeptID? Yes No

Rename DeptID

DeptID:

Current Name:

Inactivate DeptID(s)

New Name (30 char max):

DeptID(s):

List replacement DeptID to use (if any):

Note: when inactivating a DeptID, notify campus departments with recurring chargebacks such as ITS - telephone; Distribution Services - postage; Purchasing - P-Card default, open purchase orders; Facilities - open work orders; HR - positions; Budget - position funding.

Move DeptID (Reorg)

Current Parent DeptID:

Move to New Parent DeptID:

Approval Signature (MPP or above)

Name:

Signature:

Date: