San Francisco State University

	Department ID Request/Change Form					
			P.C	land t	ъ	
Select one		Add Mod	dify	Inactivate	Re-activate	
Enter Chatfield values to be used		Fund # (Class (if applicable)	Project ID		
with Dept. ID.						
HRMS Dept. ID (if known)	2	(Enter ID # only	y for Modify, Inac	tivate, or Re-activa	ite)	
Movement of Dept. ID		Yes Is this	s department mov	ving to another area	a due to reorganization	
Payroll Expenditures?	4 No	Yes				
Effective Date	5					
		mm / dd / yyyy				
Short Description	6					
		(Up to 10 characters)				
Long Description						
(Optional)						
	(Up to 30 characters)					
Purpose for	8					
Request						
Dept. Administrator	9					
Dept. Administrator		Signature		Name	Date	
Reports to	10			Dept. ID:		
				Бори 15.		
Contact Information	11	Name		E-Mail Address	/ Phone	
Cabinat Officents)	10			L-IVIAII AUUIESS	Priorie /	
Cabinet Officer(s) signature	12	Name		E-Mail Address	/ Phone	
	BELO	W SECTION FOR FINAN	ICE, BUDGET, A	AND HR USE ONLY	ſ	
Budget		Budget		FIDMO Ondo Assistant		
		nt. ID # Assigned: roval Signature:		FIRMS Code Assigned Date:	<u>:</u>	
	Ente	ered by:		Date:		
Finance		Finance roval Signature:		Date:		
		t Name:		Date.		
Human Resources	For	Human Resources				
		orting Unit Assigned:	Build Dynami	c Pay Group: Yes Date:	No	
		roval Signature:		Date.		

Note: If you have any questions, please contact Budget Admin. & Oper. (Jack Mao x86621; Tiffany Cheung x82581, Rowena Manalo x53766, Mike O'Leary x87193, and Jennifer Khuu x 82834)

Instructions on how to complete the Department ID Request Form:

- ** Please note that any employee affected by this form will need to have an Employee Transaction submitted to HR through E-TRAC.
- 1 Indicate by marking in the appropriate box whether requesting to **add**, **modify**, **inactivate** or **re-activate** a Dept. ID. **Actions:**

Add- Add a new Department.

Modify- Modify description, administrative structure, payroll expenditures.

Inactivate- Inactivate a Department.

Re-activate - Reactivate a Department.

- 2 Other than add, indicate the Dept. ID to be modified, inactivated, or re-activated.
- 3 Change in security setup may be required for such movement.
- 4 Indicate if payroll expenditures will be associated with this department. If Yes, please check which type(s).
- 5 Indicate date the value will become active or inactive.
- 6 Department Name
- 7 Provide the long description of the Department (optional).
- 8 Indicate the reason for the request (or attach a supporting document).
- 9 Name and signature of individual requesting the Department ID.
- 10 Name of individual this person reports to, and their Dept. ID.
- 11 Contact information for questions regarding the request
- 12 Cabinet Officer(s) required to process request

BELOW SECTION FOR FINANCE, BUDGET, AND HR USE ONLY

If the request is for a new Department ID, Budget will assign the ID here. Signature and date of individual assigning the Department ID.

Signature and date of individual reviewing and approving.

HR will assign a Reporting Unit here.

Signature and date of individual assigning the Reporting Unit.