This form is to establish or update department information when a change to the organizational structure occurs. Refer to the Department Organizational Changes Guideline for overview and instructions to completing this form. Complete the form and obtain approval from the appropriate official in Division. Return form to Budget and Financial Management, Extended Zip 0004.

I. Requestor Information

Contact Name: __________________________________________ Email: ______________________________

College/Department: ____________________________ Phone: ________________________________

Building and Room No.: __________________________ Ext. Zip: ______________________________

II. Action Request Information

1. [ ] Create New Department  Effective Date: 07/01/ ________ (enter year)
   Department Name/Descr.: (max. 30 char.) __________________________
   Building and Room No.: __________________________ Ext. Zip: __________________________
   New DeptID will be under DeptID: __________________________ Level: ______________________
   Will there be positions in this department? [ ] Yes [ ] No

2. [ ] Update Existing Department  Effective Date: 07/01/ ________ (enter year)
   a. [ ] Move Department
      Dept ID(s): __________________________ Description: __________________________
      Move under Dept ID: __________________________ Description: __________________________
   b. [ ] Rename Department
      Dept ID: __________________________
      Current Dept. Name: __________________________ New Dept. Name: (max. 30 char.) __________________________
   c. [ ] Inactivate Department
      Dept ID: __________________________ Description: __________________________

3. Is student fee revenue (e.g. course fees) involved? [ ] Yes [ ] No
   a. Provide the former and new chartfields if student fee revenue is related to Item Type request:

      Former Fund _____ Dept ID _____ Class _____ Program _____ Project ______
      New Fund _____ Dept ID _____ Class _____ Program _____ Project ______

III. Division Authorization

Approver Signature: __________________________ Date: __________________________

Approver Name (print): __________________________

IV. Central Finance Use Only

Instructional: [ ] Yes [ ] No  BFM Analyst: _________ ITS Help Desk Ticket Submitted Date: _______

Dept CDIP Rule 4: __________________________

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1 http://www.sjsu.edu/finance/policies_guidelines/dept_org_change_guidelines/index.html

department_1-30-19.pdf