+XPDQ 5HVRXUFH)LQDQFH 'HSDUWPHQW ,

Requestor Name:	Date:

Requesting:
☐ Inactivate Department VHOHFW DOO WKDW DSSO\ 3HRSOH6RIW)LQDQFH 3HRSOH6RIW +XPDQ 5HVRX

Dept Name: Dept Number:

Is this department being replaced? ☐ No ☐ Yes

Are there any of the following in the ending department:
☐ Gifts, ☐ Grants, ☐ Other restricted chart fields

Does the department have employees? ☐ No ☐ Yes

,I \HV – Have the employees been moved? ☐ No ☐ Yes

Effective date of the employee move(s): __________

☐ Faculty	☐ Fulltime	☐ Part-time
☐ Staff	☐ Fulltime	☐ Part-time
☐ Students	☐ Fulltime	☐ Part-time
☐ Grad Assistants	☐ Fulltime	☐ Part-time

Effective end date for department:____________________

VP Area:	Dean/Division:

)XQG 6HOHFW 2QH 3ODQW 2QO\	Program: (Select One)
	☐ 01 Instruction & Dept Research ☐ 50 Institutional Support
	☐ 10 Research ☐ 60 Plant
	☐ 20 Public Service ☐ 70 Scholarship & Fellowships
	☐ 30 Academic Support ☐ 80 Auxiliary Enterprises
Project Name:	☐ 40 Student Services

&RQILUP WKDW \RX KDYH QRWLILHG WKH IROORZLQJ ☐ GHSDUWPHQW RI \RXU

3DUNLQJ	6SRQVRUHG 3URJUDPV DQG 5HVHDUFK
Purchasing 32 VDQG 3&DUGV	Asset Management
&RPSXWHU FKDUJHEDFNV &RQWUROOHU	0LVF %XGJHW)HHV 5HYHQXH %XGJHW 7 6HUY
0DLO	
7HOHFRPPXQLFDWLRQV	-RXUQDO (QWULHV KDYH EHHQ VXEPLW

)LVFDO 2IILFHU 6LJQDWXUH ______________________ 'DWH ______

Submit this form to the %XGJHW 2IILFH
(Electronic Signature accepted or print and sign hard copy)