

Name _____ Department _____

E-mail address _____ Phone Number _____

Please note: Form must be completed as far ahead of the requested Organizational change as possible to allow time to process the changes in the following areas: Business Accounting, HR transaction forms, SUNY Campus Hierarchy.

Request Type (circle one): 1) Add 2) Move 3) End 4) Re-Name

1) Add a New Organization

Are Existing Staff being shifted to the new organization (circle one)? Yes No N/A

If Yes: Please attach a list of the position and the employees affected.

2) Move an Existing Organization

Please attach a list of affected positions, employees and the new organization. Also indicate what is to be done with any positions not being moved along with the organization

3) Eliminate an Existing Organization

Please attach a list of affected positions and staff assigned to this organization and where they should be moved.

4) Re-name an Organization

What is the previous Organization name?

Organization Name (restrict to 30 Characters)

Organization Number (if known)

Are new positions are to be created (circle one)? Yes No N/A

If Yes: Please submit Position Request forms for the requested title and duties descriptions (Online – available on the Human Resources Source of Funds Account #

Positions Employees Affected (attach additional sheet if needed)

Requestor Signature

Date

Me President Signature for Approval

Date

Submit signed original form to the office of Human Resources (AD244) and send a copy to the Business Office (AD512).