

Department Request Form

New Department Set Up:

Title Change:

Inactivate Department:

Please attach a Budget Amendment to New Department Requests.

Section 1 – Department Information:

Please describe the purpose of the new Department requested. What types of activities/functions will be funded from this Department?

Preferred Title: _____

Effective Date: _____

Department ID: _____
Provide for Title Change & Inactivation only.

Source of Funds:

- | | |
|---|---|
| <input type="checkbox"/> State Appropriations | <input type="checkbox"/> Self-Support Sales Activity |
| <input type="checkbox"/> Tuition/Institutional Fee | <input type="checkbox"/> Grant Funding |
| <input type="checkbox"/> Approved Fees paid by Students | <input type="checkbox"/> Indirect Cost Funding |
| <input type="checkbox"/> Student Activity Fee | <input type="checkbox"/> Charges to Other Departments |
| <input type="checkbox"/> Study Abroad Programs | <input type="checkbox"/> Other: _____ |

Types of Expenditures to be incurred:

- | | |
|--|---|
| <input type="checkbox"/> Administrator Salaries | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Faculty Salaries | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Staff Salaries (biweekly) | <input type="checkbox"/> Travel (Employee/Non-Employee) |
| <input type="checkbox"/> Student Salaries | <input type="checkbox"/> Food (Employee/Non-Employee) |
| <input type="checkbox"/> Other Salaries: _____ | <input type="checkbox"/> Other: _____ |

Section 2 - Designation of Department Manager/Approver*:

Printed Name *Signature* *PeopleSoft USERID*
**As defined by the UWG Authorized Approval Institutional Guideline and Procedure on the Controller's website.*

Section 3 - Additional On-Line Approvers:

The Travel, Expense, and ePro modules allow for two levels of on-line approvals. Do you wish to activate an additional on-line approval level requiring someone else to review requests prior to the Department Manager? If yes, indicate the additional approver(s) below:

Travel - _____
Printed Name *Signature* *PeopleSoft USERID*

ePro - _____
Printed Name *Signature* *PeopleSoft USERID*

Section 4 - Divisional Vice President Approval:

Printed Name *Signature* *PeopleSoft USERID*

Business Office Use Only:

| | | | | |
|------------------------------------|-------------|--|-------------------------|-------------------|
| <u>Controller's Office:</u> | | <u>Budget Office:</u> | | |
| Fund(s) _____ | Class _____ | Department ID _____ | Program _____ | Approved by _____ |
| Revenue Account Code _____ | | PS _____ | I-Tree _____ | CS-DC List _____ |
| Banner Detail Code _____ | | | | |
| Asset Mgmt Maintenance: _____ | | <i><u>If salaries are indicated above:</u></i> | | |
| Approved by: _____ | | ADP _____ | Distribution Code _____ | |