

Department Request Form

New Set Up:

Title Change:

Inactivate:

Reactivate:

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: _____

Short Title (8 characters): _____ Effective Date: _____

Department ID: _____ <i>Provide for Title Change, Inactivation & Reactivation.</i>

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 _____

Employee ID & PSOFT User ID

**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, ePro, and ePAR 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) and for which system below:

Travel - ePro - ePAR

_____ Printed Name Signature Employee ID & PSOFT User ID

_____ Printed Name Signature Employee ID & PSOFT User ID

Section 4 - Divisional Vice President Approval (where the department is housed):

Printed Name _____

Signature _____

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 _____	_____	Analyst Review _____	Emailed Memo _____	CBE _____
Asset Mgmt. Maintenance: (circle one) Y N		<u>If salaries are indicated above:</u>		
Approved by: _____		HCM _____	Combo Code _____	_____

Please return completed and signed form to Controller's Office, Aycock Hall, 2nd Floor