Organization Request Form

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 web site).

Address (Building, Room)

Phone Number

Effective Date of Action

Reason for Change

Source of Funds/SUNY Account #

Positions/Employees Affected (attach additional sheet if needed)

Requestor Signature       Date

Vice 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).