

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).