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| DEPARTMENT ACTION REQUESTUniversity of Wisconsin Oshkosh |
|  |
| **Send Completed Form to: Financial Services - Dempsey 236** |
| (Fill in Section 1 and Section 8 for ***ALL*** actions)\*  |
|  |
| **(1)\*** I am requesting action on Department  |  |  |  |  |  |  |  Fiscal Year\* |  |
|  Sample Budget String # 1 0 2 - 0 1 2 3 4 5 - 1 Fund - Department - Program**(1a)\* NAME OF DEPARTMENT MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **(2) ACTION REQUESTED**  Choose *All* that apply. (Fill in **Section 1 and Section 8** for ***ALL*** actions)\* |
|   |
|  | Create a **New Dept**  | (Section 4, 5 & 6) (3 if applicable) |
|  | Change the Name of an **Existing Dept** | (Section 4) |
|  | Change the Name of the **Dept Manager** | (Section 7) |
|  | Change /Add Name(s) for **Travel Approval** | (Section 8) |
|  | Change **a Fund** to an Existing Dept | (Section 5 & 6) |
|  | Change a **Program** to an Existing Dept | (Section 5 & 6) |
|  | Delete **a Fund** from a Dept | (Section 5 & 6) |
|  | Inactivate **a Dept** | (Section 5 & 6) |
|  |  |
| **(3)** | Replaces DEPT(s):  |  |
|  |  |  |
| **(4)** | **DEPT NAME** (***No more than 30 characters***): |  |
|  |  |
| **(5)** | Fund  |  | **(6)** | Program(s) |  |
|  |  |  |  |  |  |
| **(7)** | **NEW MANAGER or COMMENTS:**  |  |
|  |
|  |
| **(8)\*** | Dean/Director: | Print Name: |  Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Signature: |   |  |
|  | Prepared By: | Print Name: | Phone:  | #\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is travel applicable to this Dept?** (If yes, please complete the travel approval info. below for travel authorization.) |
| **Travel-**1st Approval:  |  | Backup approval: |

 Final Set up Completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_ Revised: 10/18/2017