|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT ACTION REQUEST University 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 and REASON FOR REQUEST:** | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **(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: 12/7/2022