CSU Department / Project Action Form

Requestor Name:		Date:	
Requesting: (select one) New Department in Finance Only New Department Human Resources Only New Department Both Finance & Human Reso Name Change (Current Name) New Project in Finance Only Will the department have employees?	ources Yes	☐ Inactivate Department Dept Name: Dept Number: ☐ I have attached a Continue of the continue	ent CSU Department Inactivation Form Fulltime Part-time Fulltime Part-time Fulltime Part-time Fulltime Part-time
☐ Grad Assistants ☐ Fulltime ☐ Part-time Effective date of change:			
Please provide the following Information:			
VP Area:	Dean/Divisio	Dean/Division:	
Department Name Finance:	Department Name Human Resources:		
Department Number: Fund: (Select One) Plant Only 0010 0011 0110 0111 (0710 0720) Project Name: Project End Date:	10 Reseated 10 10 10 10 10 10 10 10 10 10 10 10 10	ction & Dept Research arch	☐ 50 Institutional Support ☐ 60 Plant ☐ 70 Scholarship & Fellowships ☐ 80 Auxiliary Enterprises
Reason for Request: (Be specific and include whether this will be ongoing or a one-time event)			
How will this be funded? (attach budget transfer form)			
Fiscal Officer Signature:			Date:
Internal Use only:			