

Human Resource & Finance Department Inactivation Form

Requestor Name:	Date:
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Requesting:		
<input type="checkbox"/> Inactivate Department (select all that apply)	PeopleSoft Finance	PeopleSoft Human Resources
Dept Name: _____	Dept Number: _____	
Is this department being replaced? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please provide HR Dept and Finance Number		
Are there any of the following in the ending department: <input type="checkbox"/> Gifts, <input type="checkbox"/> Grants, <input type="checkbox"/> Other restricted chart fields		

Does the department have employees? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Faculty	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Staff	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
If yes – Have the employees been moved? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Students	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Grad Assistants	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
Effective date of the employee move(s): _____			

Effective end date for department: _____

Please provide the following information:

VP Area:	Dean/Division:
Department Name Finance:	Department Name Human Resources:
Department Number:	Program: (Select One)
Fund: (Select One) (Plant Only)	<input type="checkbox"/> 01 Instruction & Dept Research <input type="checkbox"/> 50 Institutional Support <input type="checkbox"/> 10 Research <input type="checkbox"/> 60 Plant <input type="checkbox"/> 20 Public Service <input type="checkbox"/> 70 Scholarship & Fellowships <input type="checkbox"/> 30 Academic Support <input type="checkbox"/> 80 Auxiliary Enterprises <input type="checkbox"/> 40 Student Services
0010 0011 0110 0111 0710 0720	
Project Name:	

Reason for Request: (Be specific)

Confirm that you have notified the following department of your department inactivation: <input type="checkbox"/>	
Parking	Sponsored Programs and Research
Purchasing (PO's and P Cards)	Asset Management
Computer chargebacks (Controller/Budget)	Misc. Fees (Revenue) Budget/ T Services
Mail	
Telecommunications	Journal Entries have been submitted to Controller

Fiscal Officer Signature: _____

Date: _____

Internal Use only:

Submit this form to the **Budget Office**
 (Electronic Signature accepted or print and sign hard copy)