Effective Date of Change:       Included in Board meeting materials for

*Please only complete the sections requiring changes:*

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| **ADD New Organizational Unit** | **Number** | **Name (up to 40 characters)** |
| New Org Unit Name | New Org Unit Number  *(system generated)* |  |
| New Org Unit Reports to Org Unit No. & Name |  |  |
| New Org Unit Chief (Position No. & Name of Chief) |  |  |
| New Org Unit Time Administrator |  |  |
| New Org Unit PAR Initiator and/or Approver |  |  |
| New Org Unit Cost Center Number  *(Note: All NEW cost centers must first be requested through*  *the on-line FI Request process)* |  | *(If none assigned, will default to the cost center of the*  *Superior Org Unit.)* |
| List Other Org Unit Numbers and Names that **DIRECTLY** Report to the New Org Unit  *(Note: All Org Units reporting to the Org Units listed below will structurally move along with the org units listed.)* | | |
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| List ALL Position Numbers and Name that will **DIRECTLY** report to the New Org Unit  *(Note: These positions will inherit the cost center number of the Superior Org Unit unless a Cost Override is set up.)* | | |
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| **CHANGE NAME of Organizational Unit** | | **Number** | **Name (up to 40 characters)** |
| Current Org Unit Number & Name | |  |  |
| New Org Unit Name | |  |  |
| Check if Cost Center Name/Node should match Org Unit Name |  | *Cost Center #* |  |
| *(Note: May need to be discussed with the Comptroller’s Office)* | |

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| **CHANGE CHIEF Position of Organizational Unit** | **Number** | | **Name** |
| Org Unit Number & Name |  | |  |
| New Chief to Position Number & Name of Chief | *Position #* | *Employee #* | *Employee Name* |

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| **CHANGE REPORTING of Organizational Unit** | **Number** | **Name** |
| Org Unit Number & Name |  |  |
| Currently Reports to Org Unit Number & Name |  |  |
| New Reports to Org Unit Number & Name |  |  |

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| **CHANGE COST CENTER of Organizational Unit** | **Number** | **Name** |
| Current Org Unit Number & Name |  |  |
| Current Cost Center Number & Name |  |  |
| New Org Unit Cost Center Number (if existing CC#) |  |  |
| Functional Area:      *(Use SAP Transaction Code KS03. If you need assistance with this, please contact the Budget or Comptroller’s Office.)* | | |
| *(Note: All NEW cost centers must first be requested through the on-line FI Request process)* | | |

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| **DELIMIT Organizational Unit** | **Number** | **Name** |
| Org Unit to Delimit/End Number and Name |  |  |
| *(Note: An Org Unit cannot be delimited until all technical relationships (positions, classes, Org Units, etc.) reporting to it have had their reporting relationships delimited.)* | | |

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| **UPDATE Organizational Unit Address/Directory** | **Number** | **Name** | |
| Org Unit Number and Name: |  |  | |
| Main Telephone Number: | Main Contact E-mail Address: | | |
| Main Fax Number: | Website URL: | | |
| Building/Room Number:  *(example: AC 800)* | Address:  *(example: 800 Lucas Administrative Center)* | | |
| If Org Unit is not located on the Highland Heights Campus, please provide: | | | |
| Street Address: | City: | | Zip Code: |

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| **RATIONALE/JUSTIFICATION for this change (to be included with Board materials) Use additional pages if needed** |
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| **ADDITIONAL INFORMATION Please provide any additional that may be helpful** |
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| **APPROVALS** | | | |
| Initiator: | Department: | E-mail: | Phone: |

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| Chair/Head of Org Unit: |  |  |
|  | Date |
| Division Business Officer: |  |  |
|  | Date |
| Division Head: |  |  |
|  | Date |

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| **CENTRAL USE ONLY** | | |
| Date Received in Budget Office: |  | Received by: |
| Date Sent to OM Group for Review: |  | Sent by: |
| Date OM Group Notified to Proceed with Changes: |  | Processed by: |