



Completed by: _____

Phone: _____

Date: _____

Department Change Request

Effective Date _____ Action: ___Add dept ___Change name ___Delete dept

Reason for Change: _____

PeopleSoft Department Number (if known) _____

Old Department Name _____

New Department Name _____
(30 characters)

Short Dept Name _____ *(10 characters)* Dept Abbreviation _____ *(3 characters)*

ISU Long Dept Name _____
(45 characters)

Dept Mail Drop Code _____ *(4 digits)* Building where mail is delivered _____

Proposed Dept Mailing Title _____
(25 characters)

Signature of Requesting Administrator Date

Signatures of Approval

Vice President or President of requesting Administrator Date

Vice President for Finance and Planning Date

*(Return completed form to **1020 Budget Office/Amanda Hendrix**)*

Table Custodian/Budget Office Date