RIAS HCM DEPARTMENT MAINTENANCE FORM

Instructions: Please provide all information requested. Completed and signed forms should be forwarded to HR Consulting, University Human Resources, Administrative Services Bldg II, Cook Campus, 57 US Highway 1 South or faxed to HR Consulting at 732-932-0046. Please allow 5 days for processing of this request.

Type of Request:  
- ___ New Department  (complete 1 & 2)  
- ___ Update/Change Current Name  (complete 1, 2 & 3)  
- ___ Transfer Reporting  (1, 2, 4 & 3 if applicable)  
- ___ Deactivate*  (complete 1 & 2)

* For Deactivation of a department, please be sure all existing employees have been removed from the department prior to this request.

SECTION 1: DEPARTMENT INFORMATION – Complete for all requests

Name (30 character limit): __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Default Account #: ___________________  Department ID (if not new): ______________  Building Code: _______________________

Default Primary HR Approver (please print): _______________________________________________  Employee ID: ________________

Primary Absence Reporting Admin (please print): ___________________________________________  Net ID: _____________________

SECTION 2: PARENT DEPARTMENT – Complete for all requests (Section 1 is a direct report of this dept)  
- ___ Org Structure Attached

Department ID: ___________________  Name: ________________________________________________________________________

Dean/Director or Department Chair (please print): _______________________________________________________________________

SECTION 3: NAME CHANGE REQUEST – Complete for current, active department or transfer of reporting if applicable

New Name (30 char limit): __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Building Code: _______________ (if department transfer includes a physical change in department location)

SECTION 4: INFORMATION FOR NEW PARENT DEPARTMENT – Complete for transfer of reporting only  
- ___ Org Structure Attached

Department ID: ____________________  Name: __________________________________________________________________________

Dean/Director or Department Chair (please print): __________________________________________________________________________

AUTHORIZATION

Department Contact Name (please print): __________________________________________________________________________

Dean/Director or Chair of department to which Section 1 will report upon completion of this transaction:

Name (please print): _________________  Title: _________________

EmplID: _________________  Signature: ___________________________  Date: _________________

FOR HR USE ONLY

HRC Approval: ___________________________  HRC EmplID _______________  Date: _________________

New Dept ID: (if applicable) _______________  New RRC: __________________________

HRIS Implementation: ___________________________  HRIS NetID _______________  Date: _________________

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