



# 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: \_\_\_\_\_