

Request Changes to Department ID (ORG)

School/Department _____

DeptID # and Name
(ORG) _____

(Maximum 30 characters including spaces) (Please explain if any Acronyms are used)

Manager _____ EMPLID _____

Request with Reason:

Manager Name Change _____

Department Name Change _____

Activate/Inactivate _____

Access Request-List the full names of employees & EMPLIDs:

Manager Level

Staff Level _____

Requester Full Name & Signature

Approver Full Name & Signature

Contact Email/Phone Number _____