

**Department Reorganization Form**

**Department Reorganization**

The effective date for ALL department changes is July 1st of each fiscal year.

Changes cannot be made after the start of a new fiscal year.

**The purpose of this form is to document divisional requests to either:**

**SPLIT:** identify a single existing department and split it into one or more separate departments.

**MERGE:** identify multiple existing departments that will be combined into 1 single department.

**Re-Organize:** move a department between divisions or to another department within the same division

Upon completion (with approvals), this document should be forwarded to the Budget Office.

Once validated, the budget office will distribute to the following departments for necessary maintenance:

1. Human Resources..………………………………………….. HRS@WCUPA.EDU
2. Payroll…………………………………………………………. PAYROLL@WCUPA.EDU
3. Enterprise Services….…..…………………………………… EASupport@wcupa.edu

As needed:

1. Registrar………………..……………………………….…….. M. Jerabek
2. Office of Institutional Research……………………………... L. Yannick
3. Finance & Business Services……………………………….. K. Flanagan, P-Card, PO’s

**Requestor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_

**Type of Department Change (please check one of the following):**

**[ ]** Split [ ]  Merge [ ]  Reorganize

**Briefly explain the department change:**

**Authorizing Signatures:**

**Dean/Director/AVP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Vice-President:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**SPLIT/MERGE/Reorganize**

Please complete the following information:

* 1. Department to split/merge/reorganize – identify the name of the department
	2. Fund Center Number – identify the fund center number of the department to split/merge/reorganize.
	3. New Department – identify the name of the new department (noting there will be multiple New Departments for each Department to be split).
	4. New Fund Center Number – identify either an existing fund center or note a new fund center has been requested.
	5. If there are any Fund Centers that should be closed as a result of the split/merge, please be sure to identify them so that the fund center maintenance can be done.

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| Department to Split/Merged/Reorganize | Fund Center Number | New Department | New Fund Center Number\* |
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\*If the New Fund Center Number does not currently exist, please make a note that a request for a new fund center will need to be made. The SharePoint form to request a new fund center can be accessed from the A&F website or by clicking [here](https://sharepoint.wcupa.edu/vp/afa/finance/forms/default.aspx)

**OPERATING$: Source of Base Funding – New Fund Center/Department**

Please provide the source of funding for each new department. Utilize the BI Campus BI Budget Report to identify Original Base Budget $’s to be reallocated.

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| **New Fund Center**  | **Account** | **Amount** |
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**Personnel: Faculty/Staff Assignments & Pools**

Notes:

1. Please fill out the Employee Fund Center Re-Assignments form below on page 7.
2. If salary/wage pools are to be allocated among several new fund centers, be sure to list multiple TO: Fund Center Lines.
3. If there are student employees affected by the department change, then please complete a new Student Request to inform payroll of the change in department.

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| Temporary employee | SAP Personnel # | New Fund Center |
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1. If there are temporary employees affected by the department change, then please identify all temporary employees to be moved.

**Employee Fund Center Re-Assignments**

* Please list all faculty and staff assigned to each new department.
* Use the PBM Base Personnel Budget Report distributed at the beginning of the Fiscal Year to identify base positions and pools to be re-assigned. All Fund Center changes occur as of July 1 of the approaching Fiscal Year; mid-year changes cannot be accommodated.

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| **Employee Name/Pool** | **SAP Personnel No.** | **PS CMS Comp #** | **SAP Position #** | **From:** **Fund Center**  | **To:****Fund Center** | **To: Dept****(Org. Unit)** | **New Supervisor****(if applicable)** | **Phone Stipend?** |
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