

DEPARTMENT ACTION REQUEST

University of Wisconsin-Milwaukee

Fax to 414-906-8453/email to monicar2@uwm.edu or mail to Accounting Services--Engelmann 260

(1) I am requesting action on the following dept: Budget Year _____

(2) **ACTION REQUESTED** (Fill in **Section 1** and **Section 9** for *ALL* actions)

- | | | |
|--------------------------|---|-------------------------------------|
| <input type="checkbox"/> | CREATE NEW DEPARTMENT | (Section 4 and 5) (3 if applicable) |
| <input type="checkbox"/> | CHANGE THE NAME OF AN EXISTING DEPARTMENT | (Section 4) |
| <input type="checkbox"/> | ADD A FUND/PROGRAM TO AN EXISTING DEPARTMENT | (Section 5 and 6) |
| <input type="checkbox"/> | ADD A PROGRAM TO AN EXISTING FUND/DEPARTMENT | (Section 5 and 6) |
| <input type="checkbox"/> | DELETE A DEPARTMENT | (Fill in Section 7 if applicable) |
| <input type="checkbox"/> | DELETE A FUND FROM AN EXISTING DEPARTMENT | (Section 5 & 6) |
| <input type="checkbox"/> | DELETE PROGRAM FROM AN EXISTING FUND/DEPARTMENT | (Section 5 & 6) |
| <input type="checkbox"/> | OTHER | (Comment in Section 8) |

(3) **REPLACES DEPT(S)** _____

(4) **DEPARTMENT NAME** (*No more than 30 characters*)

(5) Fund _____	(6) Programs _____
Fund _____	Programs _____
Fund _____	Programs _____
Fund _____	Programs _____
Fund _____	Programs _____
Fund _____	Programs _____

(7) Dept for items carried forward in new fiscal year: Fund Dept Use when deleting old Dept or fund

(8) **COMMENTS:** _____

(9) Action Requested By _____	Date _____
Department _____	
Department Phone _____	
Divisional Approval _____	Date _____
Institutional Approval _____	Date _____