ORGANIZATION CHANGE IN HRMS

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Contact Information

Name: _____ Campus Phone: _____ Email: _____

Current or New Organization

☐ Check if creating a new organization ☐ Check if deleting an organization ☐ Check if changing an organization Effective Date: _____

Organization Name: _____ Phone: _____

The system limits the organization name to 55 characters.

Building: _____ Room #: _____ Mail Code: _____ Tenurable Unit: ☐Yes ☐No

Major Reporting Unit: _____ Organizational Level: _____

Parent Organization: _____ VC/Provost: _____

The parent organization is defined as the next unit up in the reporting hierarchy

Proposed Organization Change

Organization Name: _____ Phone: _____

The system limits the organization name to 55 characters.

Building: _____ Room #: _____ Mail Code: _____ Tenurable Unit: ☐Yes ☐No

Major Reporting Unit: _____ Organizational Level: _____

Parent Organization: _____ VC/Provost: _____

Administrative Approvals

Vice Chancellor/Provost _____ Date _____

Chancellor _____ Date _____

President _____ Date _____

Date of approval by the Board of Trustees, if required _____

Submit to Human Resources MC: 6520, Email to hrinfo@siu.edu

Clear Form Print Form