

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