

## CSU Department / Project Action Form

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting: (select one)

New Department in Finance Only  Inactivate Department

New Department Human Resources Only Dept Name: \_\_\_\_\_

New Department Both Finance & Human Resources Dept Number: \_\_\_\_\_

Name Change (Current Name) \_\_\_\_\_  I have attached a CSU Department Inactivation Form

New Project in Finance Only \_\_\_\_\_

Will the department have employees?  No  Yes

<input type="checkbox"/> Faculty	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
<input type="checkbox"/> Staff	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
<input type="checkbox"/> Students	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time
<input type="checkbox"/> Grad Assistants	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time

Effective date of change: \_\_\_\_\_

Please provide the following Information:

VP Area:	Dean/Division:	
Department Name Finance:	Department Name Human Resources:	
Department Number:	Program: (Select One)	<input type="checkbox"/> 50 Institutional Support <input type="checkbox"/> 60 Plant <input type="checkbox"/> 70 Scholarship & Fellowships <input type="checkbox"/> 80 Auxiliary Enterprises
Fund: (Select One) 0010 0011 0110 0111 (0710 0720) <span style="float: right;">Plant Only</span>	<input type="checkbox"/> 01 Instruction & Dept Research <input type="checkbox"/> 10 Research <input type="checkbox"/> 20 Public Service <input type="checkbox"/> 30 Academic Support <input type="checkbox"/> 40 Student Services	
Project Name:		
Project End Date: _____		

Reason for Request: (Be specific and include whether this will be ongoing or a one-time event)

How will this be funded? (attach budget transfer form)

**Fiscal Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Internal Use only:

Submit this form to the **Budget Office**  
(Electronic Signature accepted or print and sign hard copy)