



## Department ID Request or Update Form

*This form must be downloaded, and opened in Adobe Acrobat to utilize embedded functionality. Once completed, the form may be signed digitally (see instructions) and submitted using the Submit button on the page. It may also be printed, signed manually, and submitted via e-mail to [budgetoffice@csudh.edu](mailto:budgetoffice@csudh.edu) and [aredwards@csudh.edu](mailto:aredwards@csudh.edu)*

**To:** Budget Office  
Human Resources Management

**From:** \_\_\_\_\_  
Name Department Name

**Department ID Request Type:** New Change Inactivate Reactivate

**New Department ID (if known):** \_\_\_\_\_

**CSU BU Rule 4 Program Code:** (4 Char Max) \_\_\_\_\_

**Existing Department ID:** \_\_\_\_\_

**Effective Date: (mm/dd/yyyy):** \_\_\_\_\_

**Description of Department (30 Char Max):** \_\_\_\_\_

**Short Description of Department:**(10 Char Max) \_\_\_\_\_

**Will there be employees moved/hired into this department?** Yes No

*(If moving employees from another Dept ID, complete an eFAST)*

**Reporting Hierarchy- Reports to dept:** \_\_\_\_\_

**Provide justification for the request:** \_\_\_\_\_

**HR Liaison Approval:** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
Name

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Human Resources Use Only		Budget Office Use Only	
Department Code: _____	Date: _____	Added to Finance Tree: _____	Date: _____
Added to HR Security Tree: _____	Date: _____		