CSUDH

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 and 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): _____

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:** _____