

INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”

Budget Purpose Requests:

- **Request a New Budget Purpose (*New Account*)** — Please follow the instructions in **Item I** entitled “Request a New Budget Purpose (*New Account*).”
- **Discontinue a Budget Purpose** — Please follow the instructions in **Item II** entitled “Discontinue an Inactive Budget Purpose.”
- **Replace a Fiscal Officer** — Please follow the instructions in **Item III** entitled “Replace a Fiscal Officer.”
- **Change the Title of an Existing Budget Purpose** — Please follow the instructions in **Item IV** entitled “Change the Title of an Existing Budget Purpose.”
- **Move a Budget Purpose to Another Unit** — Please follow the instructions in **Item V** entitled “Move an Existing Budget Purpose to Another Unit.”

Unit Requests:

- **Request a New Unit** — Please follow the instructions in **Item VI** entitled “Request a New Unit.”
- **Discontinue a Unit** — Please follow the instructions in **Item VII** entitled “Discontinue an Inactive Unit.”
- **Replace a Unit Officer** — Please follow the instructions in **Item VIII** entitled “Replace an Existing Unit Officer.”
- **Change the Name of an Existing Unit** — Please follow the instructions in **Item IX** entitled “Change Name of an Existing Unit”

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

I. Request for new Budget Purpose (*New Account*):

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

- 1. Check box “Request a New Budget Purpose”**
- 2. Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
- 3. Prepared by:** Enter the name of the individual preparing the form.
- 4. Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

- 1. Effective Date:** Enter the calendar date as to when the Budget Purpose is to become active and available for use. If it is to be used immediately, enter the current date in this field. If it will not be available until a later date due to funding restrictions, enter the future date in this field. For example, a State Budget Purpose requested in April 2002 may not be funded until the beginning of the next fiscal year or July 1, 2002. In this case the date July 1, 2002 is the effective date. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.

C. In **Section 3** of the form complete the following required fields:

- 1. Budget Purpose Title:** Enter the proposed title of the new Budget Purpose. Please do not use abbreviations in the title. (Maximum size of this field in AIS is 105 characters).
- 2. Describe in detail how new Budget Purpose will be funded:** Provide a detailed description of all revenue sources for this Budget Purpose and the anticipated annual revenue for each source. If funding will be coming from another department or an existing Budget Purpose within your department, please indicate the Budget Purpose Value or Values that will provide the funding. If there is insufficient space, enter “See Attached.” Attach a memo signed by the Fiscal Officer describing the funding sources in detail. You may include the information for this item and the next item (Item I-C-3) in one memo.
- 3. Describe in detail how new Budget Purpose will be used:** Provide a detailed description of the types of expenditures this account may incur and any other information that will give us an understanding of its function and intended purpose. If there is insufficient space, enter “See Attached.” Attach a memo signed by the Fiscal Officer explaining how the Budget Purpose will be used. You may include the information for this item and the information requested for the previous item (Item I-C-2) in one memo.

D. In **Section 4** of the form complete the following required fields:

- 1. Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for this Budget Purpose. (Maximum size of this field in AIS is 50 characters)
- 2. Phone Number:** Enter the office telephone number of Fiscal Officer named in Item I-D-1.
- 3. Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item I-D-1.
- 4. Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item I-D-1.
- 5. E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item I-D-1.

E. In **Section 5** of the form complete the following required fields:

- 1. Unit Value:** Enter the Unit Value of the University department the Fiscal Officer is required to report to for approval regarding the requested Budget Purpose.
- 2. Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item I-E-1.
- 3. Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item I-E-1. (Maximum size of this field in AIS is 50 characters)
- 4. Phone Number:** Enter the office telephone number of the Unit Officer named in Item I-E-3.
- 5. Unit Officer Title:** Enter the title of the Unit Officer named in Item I-E-3.
- 6. Mail Code:** Enter the campus mail code of the Unit Officer named in Item I-E-3.
- 7. E-mail Address:** Enter the e-mail address of the Unit Officer named in Item I-E-3.

F. Obtain the required signatures on page two of the form. The reporting level of the Fiscal Officer determines the signatures needed to complete the form. The signatures required to request a new Budget Purpose are the Fiscal Officer and each higher reporting level as follows:

- a.** Original signature of the Fiscal Officer.
- b.** Original signature of the Unit Officer.
- c.** Original signature of the Dean or Director (if applicable).
- d.** Original signature of the Vice Chancellor.
- e.** Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Fiscal Officer).
- f.** Original signature of the President (if the Chancellor or a member of the Chancellor's staff is the Fiscal Officer).

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific 'Signature Line' corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the 'Signature Line' to indicate Fiscal Officer or Unit Officer. The following scenarios are presented as guidance for choosing the correct 'Signature Line'.

- 1.** If the Fiscal Officer reports to a Unit Officer, the required signatures are:
 - a.** **Signature Line 1:** Original signature of the Fiscal Officer.
 - b.** **Signature Line 2:** Original signature of the Unit Officer.
 - c.** **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d.** **Signature Line 4:** Original signature of the Vice Chancellor.
- 2.** If the Unit Officer is the Fiscal Officer, the required signatures are:
 - a.** **Signature Line 2:** Original signature of the Unit Officer.
 - b.** Check the box for "Fiscal Officer" immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
 - c.** **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d.** **Signature Line 4:** Original signature of the Vice Chancellor.

3. If a staff member of the Dean/Director's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
4. If the Dean or Director is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
5. If a staff member of the Vice Chancellor's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.
6. If the Vice Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
 - c. **Signature Line 5:** Original signature of the Chancellor.
7. If a staff member of the Chancellor's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 5:** Original signature of the Chancellor.
 - c. **Signature Line 6:** Original signature of the President.
8. If the Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
 - c. **Signature Line 6:** Original signature of the President.
9. If a staff member of the President's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 6:** Original signature of the President.
10. If the President is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 6:** Original signature of the President.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

II. Discontinue an Inactive Budget Purpose:

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

1. **Budget Purpose (BP):** Enter the Budget Purpose value to be discontinued.
2. **Check box “Discontinue a Budget Purpose”**
3. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
4. **Prepared by:** Enter the name of the individual preparing the form.
5. **Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. **Discontinue Date:** Enter the calendar date as to when the Budget Purpose is to become inactive and unavailable for use. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.

C. In **Section 3** of the form complete the following required fields:

1. **Budget Purpose Title:** Enter the title of the Budget Purpose.

D. In **Section 4** of the form complete the following required fields:

1. **Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for this Budget Purpose.
2. **Phone Number:** Enter the office telephone number of the Fiscal Officer named in Item II-D-1.
3. **Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item II-D-1.
4. **Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item II-D-1.
5. **E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item II-D-1.

E. In **Section 5** of the form complete the following required fields:

1. **Unit Value:** Enter the Unit Value assigned to the Budget Purpose.
2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item II-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item II-E-1. (Maximum size of this field in AIS is 50 characters)
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item II-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item II-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item II-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item II-E-3.

- F. Obtain the required Fiscal Officer signature on page two of the form. The reporting level of the Fiscal Officer determines the signature line to be completed on the form. Again, the only signature required to discontinue an inactive Budget Purpose is that of the Fiscal Officer.

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Fiscal Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Fiscal Officer reports to a Unit Officer, the required signature is:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
2. If the Unit Officer is the Fiscal Officer, the required signature is:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
3. If the Dean or Director is the Fiscal Officer, the required signature is:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.
4. If the Vice Chancellor is the Fiscal Officer, the required signature is:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
5. If the Chancellor is the Fiscal Officer, the required signature is:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
6. If the President is the Fiscal Officer, the required signature is:
 - a. **Signature Line 6:** Original signature of the President.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.

If you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”

III. Replace a Fiscal Officer:

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

1. **Budget Purpose (BP):** Enter the Budget Purpose (BP) value requiring a change in Fiscal Officer. If there is more than one BP, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item III-C-1 for the title requirement).

Note: More than one Budget Purpose may be submitted on a single form as an attachment providing the Fiscal Officer and Unit are the same for all Budget Purposes.

For example, assume one Fiscal Officer is responsible for four Budget Purposes. Three belong to Unit A and one belongs to Unit B. The Fiscal Officer for all four is to be changed to a different Fiscal Officer. In this case, two forms will have to be completed; one for the three Budget Purposes in Unit A and one for the Budget Purpose in Unit B.

2. **Check box “Replace a Fiscal Officer”**
3. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
4. **Prepared by:** Enter the name of the individual preparing the form.
5. **Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. **Effective Date:** Enter the calendar date as to when the Fiscal Officer change is to go into effect. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
2. **Reason for Change:** Provide a brief justification for the change in Fiscal Officer. The three most frequently used justifications are “the current Fiscal Officer is retiring,” “the responsibilities of the current Fiscal Officer have changed,” and “the current Fiscal Officer is leaving (or has left) the University.”

C. In **Section 3** of the form complete the following required fields:

1. **Budget Purpose Title:** Enter the title of the Budget Purpose. If there is more than one Budget Purpose value, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item III-A-1).

D. In **Section 4** of the form complete the following required fields:

1. **Fiscal Officer Name:** Enter the name of the **new** Fiscal Officer to be responsible for the Budget Purpose value(s).
2. **Phone Number:** Enter the office telephone number of the **new** Fiscal Officer named in Item III-D-1.
3. **Fiscal Officer Title:** Enter the title of the **new** Fiscal Officer named in Item III-D-1.
4. **Mail Code:** Enter the campus mail code for the **new** Fiscal Officer named in Item III-D-1.
5. **E-mail Address:** Enter the e-mail address of the **new** Fiscal Officer named in Item III-D-1.
6. **Name of the Fiscal Officer to be replaced:** Enter the name of the Fiscal Officer being replaced.

E. In **Section 5** of the form complete the following required fields:

1. **Unit Value:** Enter the Unit Value of the University department the new Fiscal Officer is required to report to for approval regarding the Budget Purpose(s).
2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item III-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item III-E-1.
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item III-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item III-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item III-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item III-E-3.

F. Obtain the required signatures on page two of the form. The reporting levels of the previous and new Fiscal Officers determine the signatures needed to complete the form. The signatures required to request the replacement of the Fiscal Officer are the Fiscal Officer and each higher reporting level are as follows:

1. Original Signature of the **new** Fiscal Officer.
2. Original Signature of the **previous** Fiscal Officer.
3. Original Signature of the person in the next higher reporting level.

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Fiscal Officer or Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the new Fiscal Officer reports to a Unit Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the new Fiscal Officer.
 - b. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - c. **Signature Line 2:** Original signature of the Unit Officer.
2. If the Unit Officer is the new Fiscal Officer, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
 - c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - e. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If the Dean or Director is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.

- c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.
- 4. If the Vice Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
 - c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 5:** Original signature of the Chancellor.
- 5. If the Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
 - c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 6:** Original signature of the President.
- 6. If the President is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 6:** Original signature of the President.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.
 - c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

IV. Change the Title of an Existing Budget Purpose:

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

1. **Budget Purpose (BP):** Enter the Budget Purpose value needing a Title Change.
2. **Check box “Change the Title of an Existing BP.”**
3. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
4. **Prepared by:** Enter the name of the individual preparing the form.
5. **Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. **Effective Date:** Enter the calendar date as to when the title change is to take place. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
2. **Reason for Change:** Provide a brief justification as to why the title should be changed. Note the title change cannot change the funding source or the original function of the account. If either of these has changed, the account must be discontinued and paperwork must be submitted to request the creation of a new Budget Purpose.

C. In **Section 3** of the form complete the following required fields:

1. **Budget Purpose Title:** Enter the current title of the Budget Purpose.
2. **New Budget Purpose Title:** Enter the proposed Budget Purpose Title.

D. In **Section 4** of the form complete the following required fields:

1. **Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for this Budget Purpose.
2. **Phone Number:** Enter the office telephone number of the Fiscal Officer named in Item IV-D-1.
3. **Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item IV-D-1.
4. **Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item IV-D-1.
5. **E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item IV-D-1.

E. In **Section 5** of the form complete the following required fields:

1. **Unit Value:** Enter the Unit Value of the University department to which the Budget Purpose(s) is currently assigned.
2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item IV-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item IV-E-1.
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item IV-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item IV-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item IV-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item IV-E-3.

- F. Obtain the required signatures on page two of the form. The reporting level of the Fiscal Officer determines the signatures needed to complete the form. The signatures required to change the title of an existing Budget Purpose are the Fiscal Officer and each higher reporting level as follows:
1. Original signature of the Fiscal Officer.
 2. Original signature of the Unit Officer.
 3. Original signature of the Dean or Director (if applicable).
 4. Original signature of the Vice Chancellor.
 5. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Fiscal Officer).
 6. Original signature of the President (if the Chancellor or a member of the Chancellor's staff is the Fiscal Officer).

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific 'Signature Line' corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the 'Signature Line' to indicate Fiscal Officer or Unit Officer. The following scenarios are presented as guidance for choosing the correct 'Signature Line'.

1. If the Fiscal Officer reports to a Unit Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 2:** Original signature of the Unit Officer.
 - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
 - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Dean/Director's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
4. If the Dean or Director is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
5. If a staff member of the Vice Chancellor's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.

6. If the Vice Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
 - c. **Signature Line 5:** Original signature of the Chancellor.
7. If a staff member of the Chancellor’s Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 5:** Original signature of the Chancellor.
 - c. **Signature Line 6:** Original signature of the President.
8. If the Chancellor is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
 - c. **Signature Line 6:** Original signature of the President.
9. If a staff member of the President’s Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 6:** Original signature of the President.
10. If the President is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 6:** Original signature of the President.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
 “REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

V. Move an Existing Budget Purpose to Another Unit.

IMPORANT NOTICE FROM HUMAN RESOURCES

If salaries are being paid from the Budget Purpose to be moved, an Excel spreadsheet in the format shown below must be forwarded to Accounting Services with the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form. Human Resources will use the spreadsheet to change the assignment costing for the listed individuals from the old Unit value to the new Unit value. Assignment Costing forms will not be required.

Social Security Number	Employee Name	Organization	Budget Purpose Number	Old Unit Value	New Unit Value	Effective Date for Change
123-45-0000	John Doe	Accounting Services	272888	23304	26001	04/01/02
000-32-5555	Mary Hancock	Accounting Services	272888	23304	26001	04/01/02

IMPORANT NOTICE FROM HUMAN RESOURCES

If wages are being paid from the Budget Purpose to be moved, an Excel spreadsheet in the format shown below must be forwarded to Accounting Services with the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form. Human Resources will use the spreadsheet to change the assignment costing for the listed individuals from the old Unit value to the new Unit value. Assignment Costing forms will not be required.

Employee Name	Department	Job Classification	Budget Purpose Number	Old Unit Value	New Unit Value
John Doe	Accounting Services	Clerical and Office Related	272888	23304	26001
Mary Hancock	Accounting Services	Clerical and Office Related	272888	23304	26001

The “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form is completed as follows:

A. In Section 1 of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

- 1. Budget Purpose (BP):** Enter the Budget Purpose (BP) value to be moved to another Unit. If there is more than one BP for the same Fiscal Officer within a Unit, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item V-C-1).

Note: More than one Budget Purpose may be submitted on a single form as an attachment providing the Fiscal Officer and Unit is the same for all Budget Purposes.

- 2. Check box “Move a BP to Another Unit”**
- 3. Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
- 4. Prepared by:** Enter the name of the individual preparing the form.
- 5. Phone No:** Enter the telephone number of the individual preparing the form.

B. In Section 2 of the form complete the following required fields:

- 1. Effective Date:** Enter the calendar date as to when the change is to go into effect. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002. Note: Budget Purpose Unit Changes submitted in the current month become effective no earlier than the first of the next month.
- 2. Reason for Change:** Provide a brief justification for moving the Budget Purpose(s) to another Unit.

C. In Section 3 of the form complete the following required fields:

- 1. Budget Purpose Title:** Enter the title of the Budget Purpose. If there is more than one BP for the same Fiscal Officer within a Unit, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item V-A-1).

D. In Section 4 of the form complete the following required fields:

- 1. Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for the Budget Purpose(s).
- 2. Phone Number:** Enter the office telephone number of Fiscal Officer named in Item V-D-1.
- 3. Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item V-D-1.
- 4. Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item V-D-1.
- 5. E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item V-D-1.

E. In Section 5 of the form complete the following required fields:

- 1. Unit Value:** Enter the Unit Value of the University department to which the Budget Purpose(s) is currently assigned.
- 2. Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item V-E-1.
- 3. Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item V-E-1.

4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item V-E-3.
 5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item V-E-3.
 6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item V-E-3.
 7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item V-E-3.
 8. **New Unit Value:** Enter the **new** Unit Value of the University department to which the Budget Purpose(s) will be moved.
 9. **New Unit Name:** Enter the name of the University Department that corresponds to the **New** Unit Value in Item V-E-8.
 10. **New Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the **New** Unit Value in Item V-E-8.
 11. **Phone Number:** Enter the office telephone number of the **New** Unit Officer named in Item V-E-10.
 12. **New Unit Officer Title:** Enter the title of the **New** Unit Officer named in Item V-E-8.
 13. **Mail Code:** Enter the campus mail code of the **New** Unit Officer named in Item V-E-8.
 14. **E-mail Address:** Enter the e-mail address of the **New** Unit Officer named in Item V-E-8.
- F. Obtain the required signatures on page two of the form. The reporting level of the Fiscal Officer determines the signatures needed to complete the form. The signatures required to move an existing BP to another Unit are the Fiscal Officer and each higher reporting level as follows:
1. Original Signature of the Fiscal Officer.
 2. Original Signature of the Unit Officer.
 3. Original Signature of the Dean or Director (if applicable).
 4. Original Signature of the Vice Chancellor.
 5. Original Signature of the **new** Unit Officer.
 6. Original Signature of the **new** Dean or Director if the BP is moving to a Unit in a different Dean/Director Area (if applicable).
 7. Original Signature of the **new** Vice Chancellor if the BP is moving to a Unit in a different Vice Chancellor Area.

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Fiscal Officer or Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Fiscal Officer reports to a Unit Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. The previous Unit Officer should sign on Signature Line 8, 9, or 10 depending on his or her reporting level and check the adjacent Unit Officer box if applicable. The Previous Unit Officer should sign on:
 - i. **Signature Line 8** if the previous Unit Officer reports to the Dean/Director or in the absence of the Dean/Director position the previous Unit Officer reports to the Vice Chancellor.

- ii. **Signature Line 9 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Dean or Director.
 - iii. **Signature Line 10 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Vice Chancellor.
 - c. **Signature Line 2:** Original signature of the **New** Unit Officer.
 - d. **Signature Line 3:** Original signature of the Dean or Director if the old and new Units report to the same Dean/Director Area. Otherwise, the **new** Dean or Director must sign on **Signature Line 3** and the **previous** Dean or Director must sign on **Signature Line 9**, (if applicable).
 - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
2. If the Unit Officer is the Fiscal Officer, the required signatures are:
- a. **Signature Line 8:** Original signature of the Previous Unit Officer.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 8 to indicate the Previous Unit Officer is the Fiscal Officer.
 - c. **Signature Line 3:** Original signature of the Dean or Director if the old and new Units report to the same Dean/Director Area. Otherwise, the **new** Dean or Director must sign on **Signature Line 3** and the **previous** Dean or Director must sign on **Signature Line 9**, (if applicable).
 - d. **Signature Line 2:** Original signature of the **New** Unit Officer.
 - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
3. If the Dean or Director is the Fiscal Officer, the required signatures are:
- a. **Signature Line 9:** Original signature of the **Previous** Dean or Director (if applicable).
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 9 to indicate the Previous Dean or Director is the Fiscal Officer.
 - c. **Signature Line 2:** Original signature of the **New** Unit Officer.
 - d. **Signature Line 3:** Original signature of the **New** Dean or Director (if applicable).
 - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
4. If the Previous Vice Chancellor is the Fiscal Officer, the required signatures are:
- a. **Signature Line 10:** Original signature of the **Previous** Vice Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 10 to indicate the Previous Vice Chancellor is the Fiscal Officer.
 - c. **Signature Line 2:** Original signature of the **New** Unit Officer.
 - d. **Signature Line 3:** Original signature of the **New** Dean or Director (if applicable).
 - e. **Signature Line 4:** Original signature of the **New** Vice Chancellor.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

VI. Request a New Unit (Documentation demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required, will need to accompany this form):

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

1. **Check box “Request a New Unit”**
2. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
3. **Prepared by:** Enter the name of the individual preparing the form.
4. **Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. **Effective Date:** Enter the calendar date as to when the new Unit is to become active and available for use. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
2. **Reason for Change:** Provide a brief justification for the creation of a new Unit. In addition, attach documentation to the form demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required.

C. **Skip Section 3.**

D. **Skip Section 4.**

E. In **Section 5** of the form complete the following required fields:

1. **New Unit Name:** Enter the name of the **new** University Department (Maximum size of this field in AIS is 70 characters).
2. **New Unit Officer Name:** Enter the name of the Unit Officer who will be responsible for the new Unit Value (Maximum size of this field in AIS is 50 characters).
3. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item VI-E-2.
4. **Unit Officer Title:** Enter the title of the Unit Officer named in Item VI-E-2.
5. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item VI-E-2.
6. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item VI-E-2.

F. Obtain the required signatures on page two of the form. The reporting level of the Unit Officer determines the signatures needed to complete the form. The signatures required to request a new Unit are the Unit Officer and each higher reporting level as follows:

1. Original signature of the Unit Officer.
2. Original signature of the Dean or Director (if applicable).
3. Original signature of the Vice Chancellor.
4. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor’s staff is the Unit Officer).
5. Original signature of the President (if the Chancellor or a member of the Chancellor’s staff is the Unit Officer).

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Unit Officer reports to a Dean/Director or in the absence of a Dean/Director position the Unit Officer reports to the Vice Chancellor, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Dean or Director, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 3 to identify the Dean or Director as the Unit Officer.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Vice Chancellor’s office is the Unit Officer, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.
4. If the Unit Officer is the Vice Chancellor, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 4 to identify the Vice Chancellor as the Unit Officer.
 - c. **Signature Line 5:** Original signature of the Chancellor.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

VII. Discontinue a Unit (Documentation demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required, will need to accompany this form):

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

- 1. Check box “Discontinue a Unit”**
- 2. Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
- 3. Prepared by:** Enter the name of the individual preparing the form.
- 4. Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

- 1. Effective Date:** Enter the calendar date as to when the Unit is no longer to be used. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
- 2. Reason for Change:** Provide a brief justification for discontinuing the Unit. In addition, attach documentation to the form demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required.

C. Skip Section 3.

D. Skip Section 4.

E. In **Section 5** of the form complete the following required fields:

- 1. Unit Value:** Enter the Unit Value of the University Department to be discontinued.
- 2. Unit Name:** Enter the current name of the University Department that corresponds to the Unit Value in Item VII-E-1.
- 3. Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value named in VII-E-1.
- 4. Phone Number:** Enter the office telephone number of the Unit Officer named in Item VII-E-3.
- 5. Unit Officer Title:** Enter the title of the Unit Officer named in Item VII-E-3.
- 6. Mail Code:** Enter the campus mail code of the Unit Officer named in Item VII-E-3.
- 7. E-mail Address:** Enter the e-mail address of the Unit Officer named in Item VII-E-3.

F. Obtain the required signatures on page two of the form. The reporting level of the Unit Officer determines the signatures needed to complete the form. The signatures required to discontinue a Unit are the Unit Officer and each higher reporting level as follows:

- 1. Original signature of the Unit Officer.**
- 2. Original signature of the Dean or Director (if applicable).**
- 3. Original signature of the Vice Chancellor.**
- 4. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor’s staff is the Unit Officer).**
- 5. Original signature of the President (if the Chancellor or a member of the Chancellor’s staff is the Unit Officer).**

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Unit Officer reports to a Dean/Director or in the absence of a Dean/Director position the Unit Officer reports to the Vice Chancellor, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Dean or Director, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 3 to identify the Dean or Director as the Unit Officer.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Vice Chancellor’s office is the Unit Officer, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.
4. If the Unit Officer is the Vice Chancellor, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 4 to identify the Vice Chancellor as the Unit Officer.
 - c. **Signature Line 5:** Original signature of the Chancellor.
5. If the Unit Officer is the Chancellor, the required signatures are:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 5 to identify the Chancellor as the Unit Officer.
 - d. **Signature Line 6:** Original signature of the President.
6. If the Unit Officer is the President, the required signatures are:
 - a. **Signature Line 6:** Original signature of the President.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 6 to identify the President as the Unit Officer.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

VIII. Replace an Existing Unit Officer:

- A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:
1. **Check box “Replace a Unit Officer”**
 2. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
 3. **Prepared by:** Enter the name of the individual preparing the form.
 4. **Phone No:** Enter the telephone number of the individual preparing the form.
- B. In **Section 2** of the form complete the following required fields:
1. **Effective Date:** Enter the calendar date as to when the change is to go into effect. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
 2. **Reason for Change:** Provide a brief justification for replacing the Unit Officer. The three most frequently used justifications are “the current Unit Officer is retiring,” “the responsibilities of the current Unit Officer have changed,” and “the current Unit Officer is leaving (or has left) the University.”
- C. **Skip Section 3.**
- D. **Skip Section 4.**
- E. In **Section 5** of the form complete the following required fields:
1. **Unit Value:** Enter the Unit Value of the University department.
 2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item VIII-E-1.
 3. **Unit Officer Name:** Enter the name of the Unit Officer being replaced.
 4. **New Unit Officer Name:** Enter the name of the **New** Unit Officer who will be responsible for the Unit Value in Item VIII-E-1.
 5. **Phone Number:** Enter the office telephone number of the **New** Unit Officer named in Item VIII-E-4.
 6. **New Unit Officer Title:** Enter the title of the **New** Unit Officer named in Item VIII-E-4.
 7. **Mail Code:** Enter the campus mail code of the **New** Unit Officer named in Item VIII-E-4.
 8. **E-mail Address:** Enter the e-mail address of the **New** Unit Officer named in Item VIII-E-4.
- F. Obtain the required signatures on page two of the form. The reporting levels of the new and previous Unit Officers determine the signatures needed to complete the form. The signatures required to replace an existing Unit Officer are as follows:
1. Original Signature of the **new** Unit Officer.
 2. Original Signature of the **previous** Unit Officer.
 3. Original Signature of the person in the next higher reporting level.

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the **new** Unit Officer reports to a Dean/Director or in the absence of a Dean/Director position the **new** Unit Officer reports to the Vice Chancellor, the required signatures are:
 - a. **Signature Line 2:** Original signature of the **New** Unit Officer.
 - b. The previous Unit Officer should sign on Signature Line 8, 9, or 10 depending on his or her reporting level and check the adjacent Unit Officer box if applicable. The previous Unit Officer should sign on:
 - i. **Signature Line 8** if the previous Unit Officer reports to the Dean/Director or in the absence of the Dean/Director position the previous Unit Officer reports to the Vice Chancellor.
 - ii. **Signature Line 9 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Dean or Director.
 - iii. **Signature Line 10 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Vice Chancellor.
 - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.
 - e. If the Vice Chancellor is the previous Unit Officer, then the Original signature of the Chancellor is required on **Signature Line 5**.
2. If the **new** Unit Officer is the Dean or Director, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 3 to identify the Dean or Director as the Unit Officer.
 - c. The previous Unit Officer should sign on:
 - i. **Signature Line 8** if the previous Unit Officer reports to the Dean/Director or in the absence of the Dean/Director position the previous Unit Officer reports to the Vice Chancellor; or,
 - ii. **Signature Line 9 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Dean or Director; or,
 - iii. **Signature Line 10 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Vice Chancellor.
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.
 - e. If the Vice Chancellor is the previous Unit Officer, then the Original signature of the Chancellor is required on **Signature Line 5**.
3. If the **new** Unit Officer is the Vice Chancellor, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Unit Officer” located to the right of Signature Line 4 to identify the Vice Chancellor as the Unit Officer.
 - c. The previous Unit Officer should sign on:
 - i. **Signature Line 8** if the previous Unit Officer reports to the Dean/Director or in the absence of the Dean/Director position the previous Unit Officer reports to the Vice Chancellor.

- ii. **Signature Line 9 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Dean or Director.
- d. **Signature Line 5:** Original signature of the Chancellor.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

IX. Change the Name of an Existing Unit (Documentation demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required, will need to accompany this form):

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

1. **Check box “Change the Name of an Existing Unit”**
2. **Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
3. **Prepared by:** Enter the name of the individual preparing the form.
4. **Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

1. **Effective Date:** Enter the calendar date as to when the new Unit Name is to go into effect. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
2. **Reason for Change:** Provide a brief justification for the change in Unit Name. In addition, attach documentation to the form demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required.

C. **Skip Section 3.**

D. **Skip Section 4.**

E. In **Section 5** of the form complete the following required fields:

1. **Unit Value:** Enter the Unit Value of the University Department.
2. **Unit Name:** Enter the current name of the University Department that corresponds to the Unit Value in Item IX-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value named in IX-E-1.
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item IX-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item IX-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item IX-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item IX-E-3.
8. **New Unit Name:** Enter the requested New Unit Name in the field located in the middle of the line directly below the separation dark line.

F. Obtain the required signatures on page two of the form. The reporting levels of the Unit Officer determine the signatures needed to complete the form. The signatures required to change the name of an existing Unit are as follows:

1. Original signature of the Unit Officer.
2. Original signature of the Dean or Director (if applicable).
3. Original signature of the Vice Chancellor.

4. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Unit Officer).
5. Original signature of the President (if the Chancellor or a member of the Chancellor's staff is the Unit Officer).

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

NOTE: The person signing the form should choose the specific 'Signature Line' corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the 'Signature Line' to indicate Unit Officer. The following scenarios are presented as guidance for choosing the correct 'Signature Line'.

1. If the Unit Officer reports to a Dean/Director or in the absence of a Dean/Director position the Unit Officer reports to the Vice Chancellor, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Dean or Director, the required signatures are:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for "Unit Officer" located to the right of Signature Line 3 to identify the Dean or Director as the Unit Officer.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Vice Chancellor's Office is the Unit Officer, the required signatures are:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.
4. If the Unit Officer is the Vice Chancellor, the required signatures are:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for "Unit Officer" located to the right of Signature Line 4 to identify the Vice Chancellor as the Unit Officer.
 - c. **Signature Line 5:** Original signature of the Chancellor.

If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.