

# REQUEST FOR NEW STATE SUPPORT DEPARTMENT

Name of Requestor: \_\_\_\_\_ Today Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Signature of Dept Head (If not same): \_\_\_\_\_

Signature of Dean: \_\_\_\_\_

Signature of Divisional Budget Officer: \_\_\_\_\_

Signature of Fiscal Planning & Services: \_\_\_\_\_

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**PURPOSE OF DEPARTMENT** (If insufficient space, please attach separate page, brochure, or write-up):

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Suggested Title: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Contact Person for Budget Issues: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who should have Report Access: \_\_\_\_\_

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## **EXPENDITURES**

Anticipated Annual Dollars: \_\_\_\_\_

Will the department have payroll?    Yes    No  
    Regular    Contractual    Student Help

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Is Department Permanent?    Yes    No

If not, define time period:    From: \_\_\_\_\_ To: \_\_\_\_\_

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**Mail completed form to Ella Watts, Financial Services**

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### FOR FINANCIAL SERVICES USE

Department Number Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Fund: \_\_\_\_\_

Hiring Department: Old \_\_\_\_\_ New \_\_\_\_\_

Division: \_\_\_\_\_ Subdivision: \_\_\_\_\_ School: \_\_\_\_\_

Program: \_\_\_\_\_ Subprogram: \_\_\_\_\_