CORNERSTONE HCM DEPARTMENT MAINTENANCE FORM

Instructions: Please provide all information requested. Completed and signed forms should be forwarded to HR Consulting, University Human Resources, Administrative Services Bldg II, Cook Campus, 57 US Highway 1 South or faxed to HR Consulting at 732-932-0046. Please allow 5 days for processing of this request.

Type of Request: ___ New Department (complete 1 & 2) ___ Update/Change Current Name (complete 1, 2 & 3) ___ Transfer Reporting (1, 2, 4 & 3 if applicable) ___ Deactivate* (complete 1 & 2)

* For Deactivation of a department, please be sure all existing employees have been removed from the department prior to this request

SECTION 1: DEPARTMENT INFORMATION – Complete for all requests

Name (30 character limit): ____________________________________________________________

Default Account #: ___________________ Department ID (if not new): ___________________ Building Code: ___________________

Default Primary HR Approver (please print): ____________________________________________ Employee ID: ________________

Primary Absence Reporting Admin (please print): ________________________________________ Net ID: _____________________

SECTION 2: PARENT DEPARTMENT – Complete for all requests (Section 1 is a direct report of this dept) ___ Org Structure Attached

Department ID: ___________________ Name: ________________________________________________________________________

Dean/Director or Department Chair (please print): ________________________________________________________________________

SECTION 3: NAME CHANGE REQUEST – Complete for current, active department or transfer of reporting if applicable

New Name (30 char limit): ___________________________________________________________

Building Code: __________________ (if department transfer includes a physical change in department location)

SECTION 4: INFORMATION FOR NEW PARENT DEPARTMENT – Complete for transfer of reporting only ___ Org Structure Attached

Department ID: ___________________ Name: __________________________________________________________________________

Dean/Director or Department Chair (please print): __________________________________________________________________________

AUTHORIZATION

Department Contact Name (please print): _________________________________________________________________________________

Dean/Director or Chair of department to which Section 1 will report upon completion of this transaction:

Name (please print): __________________________________________________________________________ Title: __________________________________________________________________

EmplID: ________________ Signature: _____________________________________________ Date: _____________________

FOR HR USE ONLY

HRC Approval: __________________________________ HRC EmplID __________________________ Date: ______________

New Dept ID: (if applicable) __________________________ New RRC: __________________________

HRIS Implementation: __________________________________ HRIS NetID ______________________ Date: ______________

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