## University of Wisconsin – Madison Department ID Action Request

Department ID (6	6-digit):
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Note: Please include all fund-department setups in this form, including funds 133, 135, 138, 142, 144, 145, 146, 161, and 233. If the requested change is related to an academic department (tenure home, or responsible for a degree/major or certificate program, or houses a course Subject) then academic approvals are also required—see <a href="https://apir.wisc.edu/academic-planning/">https://apir.wisc.edu/academic-planning/</a>.

Action	ction Requested (check one):					Effective Fiscal Year: 20			
1.	☐ Create - provide department name, Fund and Program Codes below. List all program codes needed for each fund in the same column and under the fund.								
		Long Name:							
	(30 characters max., including the major department abbreviation)								
		Short Name:							
	(10 characters max.)								
		Reason for Dept. ID:							
	Fun	d Code(s)							
	Pro	gram Code(s)							
		Replace exist	ing Departm	<b>ent ID</b> (6-dig	it), also com	plete section	5 on page	2:	
<b>2.</b> a.		Name change	)						
	Long Name:								
	(30 characters max.)								
	Short Name:								
			(10 character	,					
b.	<ul> <li>b.</li></ul>								
	Program Codes:  Add new Program Codes:								
		Delete exi	sting Program	Codes:					

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3.	Delete Department ID: (Please list existing funding string combinations.)  Fund Codes:							
		Program Codes:						
4.	HRS Department Setup/Change							
	Is this an HRS organizational/appointment department, e.g., tenure granting and/or an employee's home department regardless of funding source?							
	No _							
	Yes _	Please indicate de	epartment default t	funding for this h	HRS appointment dep	partment below:		
	<u>Fund</u>		Program	<u>Pro</u>	oject (optional)			
		complete HRS d	•	•	equests.pdf			
5.	General Lec	lger Action Requ	ıest - Appropria	tions Needed		_		
	Please complete this section if you request creating a new Department ID to replace an existing Department ID.							
	148, 1	61, 233, and proje	ects), please indi	icate how the f	(excluding funds 13 iscal year end fund new Department ID	balances should		
Fro				To:				
	Fund	Department	Program	Fund	Department	Program		
		ave active Projec				m here for us to update		
Act	ion requeste	d by:						
Nan	ne:							
Date	e:			Phone	:			

Submit completed form to  $\underline{\textbf{sfssetup@bussvc.wisc.edu}}.$ 

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