



# DEPARTMENT/OFFICE

This form will change DEPARTMENT/OFFICE contact information and should be completed and submitted to Human Resources, WA336 if there is the creation of a NEW Department, a CHANGE in a department/office name, an existing Department RELOCATES, or when any Department/Office contact information changes. This form is NOT to be used for changes to individual employee information. For those changes please use the Employee On-Campus Info Change Form.

## ACTION REQUESTED

**Change** an **existing** Department/Office's name and/or information

Existing Name: \_\_\_\_\_

**Create** a **NEW** Department/Office

## REQUESTED DATA ADDITIONS/CHANGES

Please complete **all** items, including the effective date, sign, and return to HR WA336.

### New Official Name of Department/Office:

\_\_\_\_\_  
(Do not abbreviate)

Mail Code: .....

Office Location: .....  
(Building & Room)

Main Office Phone: .....

Main Fax Number: .....

Division/College: \_\_\_\_\_

Notes/Comments:

Effective date of change: \_\_\_\_\_

Director/Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to Human Resources, WA 336