



DEPARTMENT/OFFICE INFORMATION CHANGE FORM

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