**General Instructions:**

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| --- | --- |
| **Purpose:** | To provide documentation for administrative type changes to an existing department in the eUMB system. These changes will be reviewed by the department of Financial Systems. |
| **How to obtain:** | The form can be found on the Financial Services website at:  [www.fincsvc.umaryland.edu/forms.cfm](http://www.fincsvc.umaryland.edu/forms.cfm) |
| **Routing:** | The completed and approved form must be delivered to Financial Systems (FinSys) located at Saratoga Garage Offices, Office Level 2, Room 02-151. If there are questions about the form, someone in FinSys will contact the person submitting the request (not the approver) to discuss the request. FinSys will either make the requested changes or submit the request to the Center for Information & Technology Services (CITS) to make the changes in *e*UMB. Once the department change is complete in *e*UMB HRMS and/or Financials, FinSys will notify the requesting department and depending on the nature of the change may also notify one or more of the following departments: Human Resource Services, Office of Budget & Financial Analysis, Financial Services, Cost Analysis & Studies, Procurement Services, Office of Research & Development, or CITS. |
| **Where to get help:** | Send an e-mail to [DL-BFFinSysHelp@umaryland.edu](mailto:DL-BFFinSysHelp@umaryland.edu) requesting assistance and a phone number where you can be reached. Someone from Financial Systems will get back to you. |

**Specific Instructions:**

| **Field** | | **Explanation** |
| --- | --- | --- |
| Submitted by section | | Enter the information for the person in the department or school who has in depth knowledge as to the specific reasons for the request. This person will be the contact person for further questions. |
| Type of request | | Indicate by checkbox whether this is a request to change information (such as the department name, administrator/director, primary payroll contact, payroll clearing account project or other) or whether the request is to no longer use the department and make it inactive- if the request is to inactivate the department then only items 1 and 2 need to be answered |
| 1 | Changes requested for which eUMB Department ID | Enter the 8-10 character department ID where changes are to be made. |
| 2 | Describe in detail the purpose of/reason for the department change | Give a specific explanation as to why the change(s) is needed |
| **For lines 3-7, enter information only on the lines where a change is needed** | | |
| 3 | Department Name | The new name is limited to 30 characters and should look similar to others in the appropriate level of the department tree (you can view the current tree at [www.fincsvc.umaryland.edu/PS/depttree.cfm](http://www.fincsvc.umaryland.edu/PS/depttree.cfm)). It should be descriptive enough to avoid confusion with other similar departments. |
| 4 | Administrator/ Director | Enter the 6-digit Empl ID and name of the person with primary fiscal responsibility for the department. For academic departments this is usually the Administrator and in administrative departments it is usually the Director. Generally this person is the highest ranking person within the department who has the approval roles in eUMB. |
| 5 | Primary Payroll Contact | Enter the 6-digit Empl ID and name of the person who is responsible for payroll/personnel administration. If there is more than one person, select the person with the highest authority. |
| 6 | Payroll Clearing Account Project ID | Enter the 8-digit project ID of the Payroll Clearing Account (PCA) |
| 7 | Other | If there is a change that is needed other than those identified in lines 3-6, enter it here. If the change requires some other action or approval, the person who submitted the request will be notified. |
| Reviewed by | | The request must be reviewed by the department Chairperson/Director or someone in his/her office who has authorization to make such decisions (the designee- such as an administrator or assistant director). |

Please answer all questions and deliver signed form to Financial Systems

(Saratoga Garage Offices- Room 02-151):

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Title**: |  |
| **Department**: |  | | |
| **Phone**: |  | **Email**: |  |

Is this a request to:  Change information (answer items 1 – 7)  Inactivate (answer items 1 – 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Answer** | | **Comments-**  **Fin Sys Use** |
| 1 | What is the eUMB Department ID |  | |  |
| 2 | Describe in detail the purpose of/reason for the department change |  | |  |
| **For lines 3-7, enter information only on the lines where a change is needed** | | | | |
|  |  | **Existing** | **New/Proposed** |  |
| 3 | Department Name |  |  |  |
| 4 | Administrator/Director:  Empl ID  Name |  |  |  |
| 5 | Primary Payroll Contact:  Empl ID  Name |  |  |  |
| 6 | Payroll Clearing Account Project ID |  |  |  |
| 7 | Other |  |  |  |

**Approved by:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Dept Chair/Director or Designee:** | |  | | | **Date:** |  |
| **Typed Name:** |  | | **Title:** |  | | |

**Fin Sys Use:**

|  |  |
| --- | --- |
| Fin Sys Reviewer/Date | Effective Date/ Comments |
|  |  |