



REORGANIZATION REQUEST FORM

This form must be completed by the appropriate Senior Staff member to propose a reorganization to document the purpose, process, and benefits to the University. This request form must be approved by the president prior to any implementation of a reorganization.

Please attach a current and proposed organizational chart.

Problem (What is the problem being addressed?):

History (What is the history and context of the situation that is relevant to the proposal?):

Implications/options:

Specific recommendations (including implications for budget, other resources, and personnel):

Execution (Next steps):

Review and consultation

Recommendation by Senior Staff member _____ Date: _____

Consultation with Human Resources _____ Date: _____

Consultation with AA/EEO Officer _____ Date: _____

Approval by President _____ Date: _____