

Workday Supervisory Organization Maintenance Form

Reason for new organization or a change to an existing organization (Please select all that apply)

☒ New Department ☒ New or Change Supervisor ☒ Organization Name Change ☒ Correction

Justification:

Supervisor for the supervisory organization: _____

Supervisor's Employee ID: _____

New/changed supervisory organization (School/Division Name: Department Name) no abbreviations:

Manager's name of the Superior organization (where it rolls up to):

Default clearing account number: _____

Primary Building Name (not building code): _____

Effective Date: _____

University Workday Technical Unit Use Only

Requestor's Name: _____

Contact Information:

E-mail Address: _____ Extension: _____

Workday updated Date: _____ Processor: _____