Re-organization Request Form

**This form is to be used by departments seeking review and approval of a reorganization proposal. Any questions concerning this form should be addressed to the Office of Human Resources.**

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|  **Current Date:**  |  |
|  **Department:**  | **Cabinet Area:**  |
|  **Department Contact Name:**  | **Title:**  |

**Please give a brief description of reorganization proposal:**

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| --- |
|  |

**Employees affected by the reorganization:**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Name:**  | **Name:**  |
| **Name:**  | **Name:**  | **Name:**  |
| **Name:**  | **Name:**  | **Name:**  |
| **Name:**  | **Name:**  | **Name:**  |

**In addition to Staff Reorganization, is there an anticipated Facilities or Equipment Expense? YES** **[ ]  NO** **[ ]**

|  |
| --- |
| **If Yes, please describe:**  |

**Reorganization Initiator Signature Date**

**Cabinet Officer Signature Date**