

# REQUEST FOR ORACLE ORG CODE CHANGE

(See UAB Financial Affairs website for official procedures for requesting changes to the Oracle Organization Code Structure).

**Requested Action** (X the one which applies):

- Add New Code
- Disable Organizational Unit: Code \_\_\_\_\_ Title: \_\_\_\_\_
- Change Title of Existing Code: From \_\_\_\_\_ To \_\_\_\_\_

**Requestor:**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Proposed New Organizational Unit:**

Org Code Type(X the one which applies) :  True organizational unit of UAB  Informal workgroup

Proposed New Org Cd Title: \_\_\_\_\_

New Org Level (X the one which applies):  Department  Division  Subdivision

New Org to roll up to which existing Org? \_\_\_\_\_

New Org Unit Head Name \_\_\_\_\_

New Org Unit Campus Address \_\_\_\_\_

New Org Replaces Existing Org Code?  No  Yes

If Yes: Code \_\_\_\_\_ Title \_\_\_\_\_

Justification/Explanation:

---

---

---

---

---

**New unit's Org Type** (X the one which applies):

- Academic (meaning some faculty could have a primary faculty appointment to it)
- Center (requires UA Board resolution)
- Central Administration
- Athletics
- Hospital
- Non-UAB Agency (only under a UAB agency fund contract)
- Other

**Additional New Organizational Unit Details:**

Contact Person \_\_\_\_\_

Department Effort Officer \_\_\_\_\_

Work Flow Officer \_\_\_\_\_

**Approvals:**

- Each proposed organizational unit must be approved in writing by the applicable administrator prior to its creation in Oracle:
- If within a school, by the applicable Dean (or his/her designee)
  - If within Provost General, by the Provost (or his/her designee)
  - If within the Hospital, by the Executive Director of the Hospital (or his/her designee)
  - If within Central Administration or Institutional or Athletics, by the applicable Executive level (for these purposes, the Vice President for Financial Affairs & Administration will deal with units which report directly to the President) (or his/her designee)
  - If an agency entity, by Bernard Mays, Jr. in UAB Financial Affairs.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

If Hospital, submit completed form to Sheila N. Luther in Hospital Financial Management (email sluther@uab.edu or fax 975-6093). If non-Hospital, submit completed form to Financial Accounting in UAB Financial Affairs (email finaccounting@uab.edu.)