

**The Florida State University**  
A&P / USPS / Faculty  
**APPROVED ORGANIZATIONAL CHANGE FORM**

The completion and approval of this form authorizes only movement of the stated positons.

**INSTRUCTIONS:** Use this form to change the department number or location of a position for multiple positions. Department number or location changes for a single position may only be submitted via Position Management Action Page (PMAP). If you are modifying reporting structure, please ensure to submit "Reports to Change Form" as necessary.

**APPROVAL:** Required signatures vary by Division. To ensure you obtain the correct signatures, contact your Compensation/Classification Analyst.

CURRENT	DATE
Director/Chair:	
Dean/Asst VP/Assoc VP:	
VP/President:	

NEW	DATE
Director/Chair:	
Dean/Asst VP/Assoc VP:	
VP/President:	

<b>HR USE ONLY</b>
Approved Effective Date:
HR Approver Signature:

**\*Note: If ANY positions listed below are C&G funded this document must include the Sponsored Research approval stamp to be processed.**

Position #	Job Code	Job Title	CURRENT				NEW				EMP FTE (0.00)	Employee Name or Vacant
			Department #	Location #	Funding Account #	Mail Code	Department #	Location #	Funding Account #	Mail Code		

