**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**