**REQUEST FOR ORGANIZATION APPROVAL (STD-290)**

**Agency:** **Person to contact**

**(Name and Telephone):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Approval Requested**

 \_\_\_ Interim Approval Only \_\_\_ Interim and Executive \_\_\_ Executive Board Approval

 (Justification Required) Board Approval (Interim Approval Previously Granted)

**Type of Action**

\_\_\_Create New Department, Council, Board \_\_\_ Change Existing \_\_\_Field Office Outside Capital City

 Commission, Office, Bureau or Division Organization Units

County Location:

\_\_\_Relocate an Organization at Division Level \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Title Change Only Square Feet Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Cost to Implement**

1. New Positions Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Reclassifications Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost/Savings\_\_\_\_\_\_\_\_\_\_\_\_

3. Eliminated Positions Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Savings\_\_\_\_\_\_\_\_\_\_\_\_

4. Space Lease – Total Square Feet\_\_\_\_\_\_\_\_\_\_\_\_\_Cost/Savings\_\_\_\_\_\_\_\_\_\_\_\_

State owned – Total Square Feet\_\_\_\_\_\_\_\_Cost/Savings\_\_\_\_\_\_\_\_\_\_\_\_

5. Moving Cost\_\_\_\_\_\_\_\_\_\_\_\_

6. Equipment Lease (Annual Cost/Savings)\_\_\_\_\_\_\_\_\_\_\_\_

 Purchase (Annual Cost/Savings)\_\_\_\_\_\_\_\_\_\_\_

7. Other (Cost/Savings) \_\_\_\_\_\_\_\_\_\_

8. Total Budgeted Amount (Cost/Savings) \_\_\_\_\_\_\_\_\_\_

**Justification.** Explain why you are submitting this request and include what problems you are trying to solve and how this request will help solve them. Explain how costs are justified and how they will be funded. (Attach additional 8-1/2 x 11 sheets if needed). For field office changes, include a map that shows the counties served by each office.

**Will Organizational Change impact on a Labor Relations Contract? \_\_\_\_Yes \_\_\_\_No**

 IF YES, HOW?

**Required attachments for organization request:**

\_\_\_EXISTING AND PROPOSED ORGANIZATION CHARTS

\_\_\_BRIEF NARRATIVE JUSTIFICATION FOR EACH ORGANIZATION CHANGE

\_\_\_EXISTING AND PROPOSED FUNCTIONAL STATEMENTS FOR EACH PROPOSED ORGANIZATION CHANGE\*

\_\_\_EXISTING AND PROPOSED STAFFING CHARTS FOR EACH PROPOSED ORGANIZATION CHANGE\*\*

\_\_\_EXPLANATION AND ITEMIZATION OF ANY INCREASE OR DECREASE IN PROGRAMMATIC COSTS AS A RESULT OF EACH ORGANIZATION CHANGE

\*PLEASE DO NOT PROVIDE FUNCTIONAL STATEMENTS FOR AN ORGANIZATION AT THE DIVISION LEVEL OR ABOVE THAT IS UNAFFECTED BY OTHER CHANGES, UNLESS THE ORGANIZATION IS RELOCATED.

\*\*PLEASE DO NOT PROVIDE STAFFING INFORMATION FOR AN ORGANIZATION AT THE DIVISION LEVEL OR ABOVE THAT IS UNAFFECTED BY OTHER CHANGES, OR FOR A CHANGE IN THE LOCATION OF AN EXISTING ORGANIZATION AT THE DIVISION LEVEL OR ABOVE WHERE THERE ARE NO OTHER CHANGES WITHIN THAT ORGANIZATION.

**AUTHORIZED AGENCY SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY COORDINATOR SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**