



Establish a New Department ID

Please return the completed form to the Budget Office (budget@fsu.edu).

New Department ID _____

(Must be a new number and fit a pattern with other department IDs within the School/College/Area.)

Description/Hierarchy (See Instructions on the [Forms web page](#) for more information.)

Item	**All description, hierarchy, and purpose information is required.**
Department Description	
Short Description	
Division	
School/College	
Area	
Purpose/Mission	

Additional Properties (Please indicate the additional properties associated with the department. All additional properties are **required**. See Instructions on the [Forms web page](#) for more information.)

Item	**All additional properties information is required.**
Fund type	
Activity type	
Will this dept be a "Responsible Department" in RAMP?	

Designations (The signature of the designee is required on each corresponding line acknowledging/accepting the designation. See Instructions on the [Forms web page](#) for more information.)

Designation	Employee Name	Employee ID	** Required.** Employee Signature
DDHHC **Required**			
Budget Manager **Required**			

Requested by _____

Date _____

Foundation Approval _____

Date _____