



Form 1601 FR.08
Workday Reorganization Request Form

Revised 5/15/2017

Requested By (fill in requested information)		Supervisory Organization(s) to be Deactivated:
Date		Organization ID (SO number)
Name		
Department		
Position		

Supervisory Organization(s) to be Created							
Effective Start Date	Manager's Name	Manager's Employee ID	Proposed Name of Supervisory Organization*	Superior Supervisory Org (Manager's manager)	Member(s) of the Organization (manager's direct reports)		
					Employee ID	Name	Employee Type**

*Do not use abbreviations, codes, or numbers. Name should be meaningful to all users.

Please follow standard naming convention:

Convention

Example

First segment is department name followed by a dash

Bioceramics -

Second segment should reflect section/speciality/area of interest

Field Operations

**Employee type: Faculty, Staff or Student

This form must be submitted electronically to employee.services@yale.edu.