

**Medical College of Georgia**  
**DEPARTMENT**  
**Chart of Account(s)**  
**Maintenance Request Form**

**Add**       **Change**       **Inactivate**

**Effective Date:** \_\_\_\_\_

**Department Number:** \_\_\_\_\_

**Description:** \_\_\_\_\_  
\_\_\_\_\_

**Will positions be homed in the department?**      **Yes**       **No**

**Contact Information:**

**Name:** \_\_\_\_\_

**Bldg/Rm#:** \_\_\_\_\_

**Phone Ext:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----For Administrative Use Only-----

**Entered Into PeopleSoft Financials:**  \_\_\_\_\_ **Date:** \_\_\_\_\_

**Entered Into PeopleSoft HRMS:**       \_\_\_\_\_ **Date:** \_\_\_\_\_