

FISCAL YEAR 2019
ORGANIZATION STRUCTURE CHANGE FORM

Please use this form to provide detailed information on any planned Fiscal Year 2019 structural changes within your agency. Include justification for proposed changes, expected outcomes and budget impact (FTEs/Dollars). If applicable, please identify other organizations or agencies that will be impacted by the change.

Submit your completed form to your Fiscal and Policy Analyst by August 17, 2017. For major organizational changes, additional information may be requested.

Department Name: _____

Name Changes:

APU 00-00	IPU 00-00-00	Current Name	Requested Name	Justification

Dept/APU/IPU Changes:

Current Dept/APU/IPU	Requested Dept/APU/IPU	Proposed Budget Impact		Structural Change
00-00-00	00-00-00	FTE(s)	Dollars (GF or ASF)	<i>(Use this section to provide justification for structural changes and program impacts)</i>
			\$	
			\$	
			\$	
			\$	
Total Budget Impact			\$	

**If more space is needed, please attach additional pages to this form.*

If no changes, please indicate here and sign below.

Prepared by _____

Title _____

Date _____