#### **Chart of Accounts (COA) Maintenance**

#### **DeptID Request - NEW**

Use this form to request the setup of a new deptID. This form must be filled out electronically.

The effective date for a deptID is April 1 of the current fiscal year.

Refer to the Guide to Financial Management: <u>Chart of Accounts (COA)\Chartfields</u> and to the COA Department ID Management document located in the Forms Cabinet for further details pertaining to deptIDs and this form.

DeptID Number					
(6 numbers; starting with first 2 numbers of faculty range)					
DeptID Short Description (max. 10 characters)					
DeptID Name (max. 30 characters)					
Long Description (max. 100 characters)					
	<b>REQUIRED:</b> DeptID 3-year budget form is provided on page 3 (the purpose of this information is to assess the appropriateness of the request for a new deptID)				
Budget	Note: Senior Finance Partner (SFP) is responsible for transferring an allocation to the new deptID in uPlan.				
	DeptID budget varia	nce car	ries forward to itself, OR		
Budget Owner	DeptID buget variand	ce carri	ies forward to the College, Faculty or VP portfolio		
	Employee name				
	Employee ID				
	One-over-one deptID number (for electronic approvals routing)				
	One-over-one approver name				
	Confirmation of one over routing		<b>REQUIRED:</b> SFP has reviewed DEPTID_BUD_OWNER tree to ensure one-over-one approval routing is appropriate (i.e. the budget owner for the one-over-one is not the same as the budget owner for the deptID being created, and the budget owner for the deptID being created reports organizationally to the one-over-one)		
Reporting	Does this deptID fall within the range on the COA_ROLLUP_ORG tree?				
FR will automatically create a FSGLV12 for the	YES DeptID will automatically be included in the rollup V12 report				
new deptID (applicable to funds F210, F100 and F310).	NO Please provide a screen shot of the COA_ ROLLUP_ORG tree and indicate where the deptID should be located within the tree.				
If other report maintenance is required, complete the nVision Report form.	Node name under which		ricoated within the tree.		
Sample and in the same the part to the	deptID should fall under the COA_DEPT_DETAIL t				
Department Level Security			L		
Indicate Parent DeptID					
	Pool Group				
FOR IST INPUT ONLY	Stats Faculty Code				
	Location Code				
	Stats Can CIP				

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# UNIVERSITY OF ALBERTA

Senior Finance Partner (SFP) Approval  SFP signature is only required if an individual other than the SFP is submitting the form on their behalf. If SFP is emailing the form, signature is not required.					
SFP Name and CCID	SFP Signature	Date(mm/dd/yyyy)			
ROUTING INSTRUCTIONS					
SFP emails completed form to fscoarpt(	@ualberta.ca				
Financial Department variance and approve					
Financial Reporting reviews and approve	es and sends to IST.				

The request will be assessed and set up within 10 business days. SFP will be notified if this timing cannot be met.

# **DeptID Budget Form**

	Year 1	Year 2	Year 3			
Funding						
Budget						
External revenue						
Other						
Total funding						
Expenditures						
Salaries & Benefits						
Supplies & Services						
Other						
Total expenditures						

Provide a brief description of the deptID activity:

### **Signature Form for Information Services and Technology**

Authorized approvers are individuals within a faculty/department who are given the authority to:

- Request or remove access to the University's administrative applications for staff in their department. This applies to: PeopleSoft Campus Solutions, Finance (including eTRAC and Supply/Net), and HCM
- Manage the CCIDs for staff in their department

Authorized approvers should be University employees; however, Guests and Non-University employees may be authorized approvers where required.

This list of authorized approvers must be signed by the Senior Finance Partner for the specified department IDs.

This signature form is used when a new department ID has been created and authorized approvers are being assigned.

Signed copies will be retained in IST - Enterprise Applications for signature validation purposes.

	aculty/Dept of: sert name of Faculty/Dept and epartment ID  Additional Sub-units/Depts/Institutes for this Faculty/Dept Please provide both Name and Department ID:						
Auth	orized Approvers						
	Name/Position	CCID	<u>Signature</u>	CS	Finance	HCM	CCID
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							