

Chartfield Request Form

Please email completed forms to CFMAINT@MAILBOX.SC.EDU

Please select type:		_			
Combination Description					_
ChartField String					
	Operating Unit	Department	Fund	Class	PC Business Unit
Project (if inactivating)					
Project type (if applicable)					
			Project S	tart Date	Project End Date
For NEW Department or Project:	Approver(s) 1*			USCID(s) 1	
For NEW USCIP PROJECT : Designated Principal Investigator (PI)*:					
	Approver(s) 2*			USCID(s) 2	
USCID:				. ,	
*must be an active employee					
Mark for Payroll?	Sele	ct "Yes" if you need H	CM Payroll Comb	oo Codes created f	or this chartstring.
Attach justification Why new department? Why new project? How much to be If E fund – attach E Fund questionnal If Z fund – attach Z Fund questionnal	ire ire		e?		
Does this NEW department need to be			•	it for payroll fundi	ng only?
(Will the NEW Department need to crea	ate PD's, Job postings, a	na nire empioyees wi	tnin it?)		
If you answered "Yes" above, please pro	ovide the Parent Depart	ment Number where	this NEW depart	ment will roll up t	0.
REMINDER: NEW DEPARTMENTS ALSO the needed security access in PeopleSo				NG A SELF-SERVIC	E NOW TICKET in order to gain
Requested by		Date			
Business Manager		Date			
Controller's Office Approval:					
Date:					