**General Instructions:**

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| **Purpose:** | To provide adequate information to central UMB departments so they can provide guidance and prevent potential problems that could occur with the establishment of a new Organization. The following departments can provide additional information that may influence whether an Organization should be established:Financial Systems- To assist with reporting and security issues in QuantumHuman Resource Services- To assist with employment policies, rules, and contractual requirement complianceBudget and Financial Analysis- To assist with funding and budgeting issues |
| **How to obtain:** | A New Segment Value Request Form – SOAPF Combinations must be submitted with the new Organization form. The form can be found on the Financial Services and Financial Systems websites at: <https://www.umaryland.edu/financialsystems/forms/> and <http://www.umaryland.edu/financialservices/forms/> |
| **Routing:** | The completed and approved form must be delivered to Financial Systems located at Saratoga Garage Offices, Office Level 2, Room 02-151 or a PDF file emailed to DL-BFBusinessApplications@umaryland.edu. Someone in Financial Systems will contact the person submitting the request (not the approver) to discuss the request. The form will be sent to Human Resource Services and the Budget Office for review and approval. If there are no objections then Financial Systems will begin the process of creating a new Organization. Financial Systems will notify the requesting department along with Human Resource Services, Office of Budget & Financial Analysis, Financial Services, Sponsored Projects and Accounting, Office of Research & Development, Strategic Sourcing and Acquisition Services, Facilities Operations, and Center for Information Technology Services once the department setup is complete in both *e*UMB HRMS and Quantum Financials.  |
| **Where to get help:** | Send an e-mail to DL-BFBusinessApplications@umaryland.edu requesting assistance and a phone number where you can be reached. Someone from Financial Systems will get back to you. |
| **Related policies and/or procedures:** | * [UMB VII - 1.30(A) - Policy/Guidelines/Procedures for Layoff](https://www.umaryland.edu/policies-and-procedures/library/human-resources/policies/vii-130a.php)
* [UMB VIII - 9.00 - Policy/Guidelines/Procedures for the Operating Budget](http://cits-cf.umaryland.edu/hrpolicies/section8/t80900sa.html)
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**Specific Instructions:**

| **Field** | **Explanation** |
| --- | --- |
| Submitted by section | Enter the information for the person in the department or school who has in depth knowledge as to the specific reasons for the request. This person will be the contact person for further questions.  |
| 1 | What is the proposed name/ID of the new Organization | The name is limited to 30 characters in eUMB HRMS and 50 characters in Quantum Financials. The name should look similar to others in the appropriate level of the eUMB department tree or the Quantum Org Hierarchy. It should be descriptive enough to avoid confusion with other similar departments. Also, if you have a preference, indicate the 8-digit number to be used for the Org ID (subject to review). |
| 2 | What Organization (already established) will the new department directly roll up to? | Indicate the Quantum parent level Organization (8-digit alphanumeric) that the Organization will directly fall under (and roll up to). You can view the current Quantum Organization Hierarchy on the Training and Support website at <https://www.umaryland.edu/quantum/training-and-support/> (under the Roles section).2a. Indicate the parent level Organization (8-digit number) that the Organization will directly fall under (and roll up to) for eUMB HRMS.  |
| 3 | Describe in detail the purpose of/reason for a new Organization | Give a specific explanation as to why the new Organization is needed |
| 4 | What date should the change go into effect (m/d/yy)? | Enter the earliest date that employees will be transferred into or hired for or when funding/expenses will begin for projects in the new organization |
| 5 | Will there be any employees in the new Organization? If no, skip to question #15 | Most organizations will have employees (except roll-up/budget only departments). For those that do not, the employee questions (#6-14) can be skipped |
| 6 | Will existing UMB employees be transferred from another Organization to the new Organization? If no, skip to question #12 | If there are UMB employees who are currently assigned to another organization who will be re-assigned to the new organization, check the YES box. If there will be a competitive posting for all positions in the new organization where existing UMB employees may apply and be hired, check the NO box. |
| 7 | Are any transferred employees in the Non-Exempt bargaining unit? | If the employees who will be transferred (re-assigned) to the new organization are currently in the Non-Exempt bargaining unit (empl class 20-NEX Reg subject to certain exclusions), check the YES box. Otherwise, check the NO box. |
| 8 | Will there be a change in supervisor for any transferred employee? | If the new organization is requested as part of an organizational change (re-organization) and employees will be reporting to new supervisors, check the YES box. Otherwise, check the NO box. |
| 9 | Will there be a change in duties for any transferred employee? | If the new organization is requested as part of an organizational change (re-organization) and employees will have different duties and job responsibilities, check the YES box. Otherwise, check the NO box. |
| 10 | Will there be a change in location for any transferred employee? | If the new organization is requested as part of an organizational change (re-organization) and employees will be required to report to a new building, check the YES box. Otherwise, check the NO box. |
| 11 | On what date will the employees be transferred? | Enter the effective date of the first UMB employee to be transferred (re-assigned) to the new organization. Ideally the date should be the first day of a pay period which is a Sunday. |
| 12 | Will this Organization be combined with others for layoff purposes? If no, skip to question #14 | If faced with a layoff situation, will the employees assigned to the new organization be grouped with employees from other organization in order to determine seniority and/or other layoff criteria? If so, check the YES box. If the employees assigned to the new organization will not be pooled with employees from any other Organization, then check the NO box. Example- if current department structure has three levels and new department is requested for level three, then most new Organizations will be combined with all the other Organizations in level 1, 2 & 3 so the answer is YES. Rarely will a new Organization stand alone for layoff purposes. |
| 13 | With which Organizations or Organization rollup will the new Organization be combined for layoff purposes? | Indicate by name or Org the other Organization(s) or the roll-up Organization level that will be pooled with the new Organization for layoff purposes.  |
| 14 | Will the new Organization need a new Payroll Clearing Account (PCA)? | The PCA is the account combination that captures salary expenses in *e*UMB HRMS and Quantum Financials when a project has expired on an Employee Funding Profile (EFP) or no EFP was entered. If the new organization can use an existing PCA check the NO box and indicate the Combo code or SOAPF combination. If the new organization requires its own PCA, check the YES box and submit a New Segment Value Request Form – SOAPF Combinations to request a new PCA account combination. Forms are located at <https://www.umaryland.edu/financialsystems/forms/>. |
| 15 | What types of funding sources will be used in the new Organization? | For budgeting purposes, indicate the types of funding sources the Organization expects to receive based on the planned activities for the Org. The “Other” box includes sources such as endowment, auxiliary, tuition, etc. |
| 16 | Will the new Organization require an Over the Cap (OTC) Cost Sharing combination? Please provide SOAPF | If the Organization will have sponsored projects with over the cap cost sharing please provide the account combination on a New Segment Value Request Form – SOAPF Combinations with this form. Forms are located at <https://www.umaryland.edu/financialsystems/forms/>. |
| 17 | Additional Comments or Considerations(Optional) | Provide any other information that pertains to when or why a new Organization should be set up that would be of interest to either the Departments of Human Resource Services or Budget and Financial Analysis. |
| 18 | Roles | Provide at least one name for each role marked with an asterisk (\*).  |
| HRMS | \*Primary Payroll Contact | Only one name should be listed consistent with other departments in the roll-up. This person will receive the timesheets and will be the first person contacted if there is a payroll related problem. |
| HRMS | Others with Dept HR Rep role | One or more names may be listed. This person is a backup to the Primary Payroll Contact. |
| HRMS | \*Department Administrator | Only one name should be listed consistent with other departments in the roll-up. This person will determine whether an FYI e-mail is sent. |
| HRMS | Others with Dept Administrator role | One or more names may be listed. This person is a backup to the Primary Payroll Contact. |
| HRMS | Commitment Accounting Initiator | One or more names may be listed. This person can enter Employee Funding Profiles for employees assigned to the new department. |
| HRMS | Commitment Accounting Reviewer | One or more names may be listed. This person can enter and/or review Employee Funding Profiles for employees assigned to the new department. |
| HRMS | \*Commitment Accounting Approver | One or more names may be listed. This person can enter and/or approve Employee Funding Profiles for employees assigned to the new department. |
| HRMS | \*Commitment Accounting FYI E-mail | One or more names may be listed. This person will receive an e-mail when an employee not assigned to the new department uses an account code managed by the Department Administrator in the new department. |
| HRMS | \*ETS Approver | One or more names may be listed. This person can approve hours in the Weekly Elapsed Time pages for employees assigned to the new department.  |
| HRMS | \*Pay Increase Initiator | One or more names may be listed. This person can enter data in the Payroll Increase Transaction page during the annual COLA/Merit process for employees assigned to the new department. |
| HRMS | \*Pay Increase Approver | One or more names may be listed. This person can approve data in the Payroll Increase Transaction page during the annual COLA/Merit process for employees assigned to the new department. |
| QuantumFinancials  | \*Organization Requisition Approver,  | One or more names may be listed. This person can approve purchase requisitions when a project owned by the new department is cited on the first line of a purchase requisition. |
| QuantumFinancials | \* UMB Account Transfers (Debit Memos) Approver | One or more names may be listed. This person can approve a debit memos when another individual in the same department creates a Debit Memo.  |
| QuantumFinancials | \*NONPO Invoice Approver | One or more names may be listed. This person can approve an invoice for business unit NONPO when another individual in the same department creates a NONPO Invoice. |
| QuantumFinancials | \*Project Invoice Approver | One or more names may be listed. This person can approve project invoices when another individual in the department creates a project invoice. |
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| eTravel | Department Travel Approver | One or more names may be listed. This person can approve Travel Request and Travel Expense forms when a project owned by the new department is cited on the Travel form. |
| eTravel | Department Travel Administrator | One or more names may be listed. This person can initiate or approve travel forms when a project owned by the new department is cited on the first line of the travel form. They are also responsible for setting up travel supervisors for the department. |
| ePAF | Department Initiator | One or more names may be listed. This person can create, edit and submit electronic personnel action forms (ePAFs). The Department ePAF Initiator is the only departmental role with the right to modify ePAFs. The Department 3 – Faculty Approver may not also hold the initiator role. |
| ePAF | Department Approver 1 | One or more names may be listed. This person has access to review and approve electronic personnel action forms (ePAFs) in accordance with University hiring practices and policies. |
| ePAF | Department Approver 2 | One or more names may be listed. This person has access to review and approve electronic personnel action forms (ePAFs) in accordance with University hiring practices and policies. |
| ePAF | Department 3 – Faculty Approver | One or more names may be listed. This person has access to perform the final departmental approval for electronic personnel action forms (ePAF) for faculty. The Department 3 – Faculty Approver may not also hold the Department ePAF initiator role. |
| ePAF | Department 3 – Staff Approver | One or more names may be listed. This person has access to perform the final departmental approval for electronic personnel action forms (ePAF) for staff. The Department 3 – Staff Approver may not also hold the Department ePAF initiator role. |
| ePAF | ePAF Viewer | One or more names may be listed. This person has access to view electronic personnel action forms (ePAFs). |
| Reviewed by | The request must be reviewed by the Organization Chairperson/Director or someone in his/her office who has authorization to make such decisions (the designee- such as an administrator or assistant director).  |
| Approved by | The request must be approved by the Dean or Vice-President or someone in his/her office who has authorization to make such decisions (the designee- such as an assistant dean or assistant vice-president). An Organization chairperson cannot approve a request for a new Organization. |

Please answer all questions and deliver form to Financial Systems

(Saratoga Garage Offices- Room 02-151):

 **Submitted by:**

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| **Name:** |       | **Title:** |       |
| **Organization:** |       |
| **Phone:** |       | **E-mail:** |       |

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|  | **Question** | **Answer** | **Comments- Fin Sys Use** |
| 1 | What is the proposed name/ID of the new Quantum organization/eUMB HRMS department? |   |  |
| 2 | What Quantum organization (already established) will the new Org roll up to? |       |  |
| 2a | What eUMB HRMS department (already established) will the new Org roll up to? |  |  |
| 3 | Describe in detail the purpose of/reason for a new Organization |       |  |
| 4 | What date should the change go into effect (m/d/yy)? |       |  |
| 5 | Will there be employees in the new Organization? If no, skip to question #15 | [ ] Yes [ ] No |  |
| 6 | Will existing UMB employees be transferred from another organization to the new Organization? If no, skip to question #12 | [ ] Yes [ ] No |  |
| 7 | Are any transferred employees in the Non-Exempt bargaining unit? | [ ] Yes [ ] No |  |
| 8 | Will there be a change in supervisor for any transferred employee? | [ ] Yes [ ] No |  |
| 9 | Will there be a change in duties for any transferred employee? | [ ] Yes [ ] No |  |
| 10 | Will there be a change in location for any transferred employee? | [ ] Yes [ ] No |  |
| 11 | What date will the employees be transferred? |       |  |
| 12 | Will this organization be combined with others for layoff purposes? If no, skip to question #14 | [ ] Yes [ ] No |  |
| 13 | Which organizations or organization rollup will the new Org be combined with for layoff purposes? |       |  |
| 14 | Does the new organization requires its own PCA? If “Yes”, please include on the request form for a new SOAPF. If “No” please provide the Combo Code or SOAPF for the Payroll Clearing Account (PCA). |  [ ] Yes [ ] No |  |
| 15 | What types of funding sources will be used in the new Org? | [ ]  State [ ]  Grants[ ]  Revolving [ ]  Other |  |
| 16 | Will the new organization require an Over the Cap (OTC) Cost Sharing account combination? Please provide SOAPF. |  |  |
| 17 | Additional Comments or Considerations |       |  |

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| The name entered for each role must be a current Quantum user (with a Quantum User Authorization Form already on file) already assigned to the specified role. If you wish to add new users to the new Organization or add new roles to an existing user, each new user must complete the appropriate (eUMB HRMS, Quantum Financials, and/or Quantum Analytics) Quantum User Authorization form. User access forms can be found at [www.umaryland.edu/cits/forms](http://www.umaryland.edu/cits/forms/). |
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| \*Primary Payroll Contact |       |
| Others with Organization HR Rep role |      ,      ,      ,      ,       |
| \*Organization Administrator |       |
| Others with Organization Administrator role |      ,      ,      ,      ,       |
| Commitment Accounting Initiator |      ,      ,      ,      ,       |
| Commitment Accounting Reviewer(if applicable) |      ,      ,      ,      ,       |
| \*Commitment Accounting Approver |      ,      ,      ,      ,       |
| \*Commitment Accounting FYI Email |      ,      ,      ,      ,       |
| \*ETS Approver |      ,      ,      ,      ,       |
| \*Pay Increase Initiator |      ,      ,      ,      ,       |
| \*Pay Increase Approver |      ,      ,      ,      ,       |
| \*Organization Requisition Approver |      ,      ,      ,      ,       |
| \*UMB Account Transfers (Debit Memos) Approver |      ,      ,      ,      ,       |
| \* NONPO Invoice Approver |      ,      ,      ,      ,       |
| \* Project Invoice Approver |      ,      ,      ,      ,       |
| Organization Travel Approver |      ,      ,      ,      ,       |
| Organization Travel Administrator |      ,      ,      ,      ,       |
| ePAF Organization Initiator |      ,      ,      ,      ,       |
| ePAF Organization Approver 1 |      ,      ,      ,      ,       |
| ePAF Organization Approver 2 |      ,      ,      ,      ,       |
| ePAF Organization 3 – Faculty Approver |      ,      ,      ,      ,       |
| ePAF Organization 3 – Staff Approver |      ,      ,      ,      ,       |
| ePAF Viewer |      ,      ,      ,      ,       |

**Reviewed by:**

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| **Signature of Organization Chair/Director or Designee:** |  | **Date:** |  |
| **Typed Name:** |       | **Title:** |       |

**Approved by:**

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| --- | --- | --- | --- |
| **Signature of Dean/VP or Designee:** |  | **Date:** |  |
| **Typed Name:** |       | **Title:** |       |

**Fin Sys Use:**

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| --- | --- | --- |
| Fin Sys Reviewer/Date | HRS Reviewer/Date | Budget Reviewer/Date |
|  |  |  |
| Organization Number | Description (30 Characters) | Short Description (10 Characters) |
|  |  |  |
| Organization Manager Number | Organization Manager Name | PCA Combo Code |
|  |  |  |
| Primary Payroll Contact ID | Primary Payroll Contact Name | Budget Only? |
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