## **New Worktag Request Form**



For Cost Centers, Gifts, Programs, and Projects

Date:			Phone Number:		
Contact Name:			Email:		
Department:					
Please provide a c	detailed descri	ption of the purpose for the no	ew Worktag below:		
Source of Funding:					
Permanent Temporary		If Temporary - Start Da	ate:	End D	Pate:
		Proposed Wo	rktag Details		
Worktag Name:					
Worktag Manager:					
Worktag Financia	l Analyst(s):				
Request Approved By		Department Head	Dean/Division	Head	Division of Finance
Date:					
Name:					
Title:					
Signature:					
		Louisiana Tech Division	of Financo Uso O	nly	
		Louisiana Tech Division	1 of Finance Use O	miy	
Date Created in Workday:			Created by:		
Worktag Type:		Cost Center	Program	Gift	
0 /1		Project	Grant*	(*Divis	sion of Finance only)
Worktag Name			Reference ID		
_		Polotod M	- Vorletors		
Fund		Related V	Function		
Cost Center (if necessary)			Hierarchies		
cost center (ii necessary)					
		Assigned	d Roles		
Worktag Manager					
Worktag Financial	Analyst(s):				

- Send completed request to the Division of Finance for approval and further processing.
- Please attach any other relevant documentation to assist with creation of new Worktag.