



REQUEST FOR NEW **workday** DRIVER WORKTAG

(REV 10/20)

To: David Salzburg, Controller's Office  
150 Gables One Tower, CG 33146  
[dsalzburg@miami.edu](mailto:dsalzburg@miami.edu)

Date: \_\_\_\_\_  
From: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type of Account:

PROGRAM

SPENDABLE GIFT

**NOTE:** Grant driver worktag requests should be forwarded to the Office of Research Administration ([oraawardadmin@miami.edu](mailto:oraawardadmin@miami.edu)). All endowment-related driver worktag requests should be e-mailed to the Controller's Office (attn: Brenda Banks). For blank forms, go to <http://www.miami.edu/controller/> and click on ACCOUNTING/FORMS.

1. Program/Project Manager: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
Finance Reviewer: \_\_\_\_\_  
Salary Access?  Yes  No  
Program Reviewer: \_\_\_\_\_  
Salary Access?  Yes  No

Gift Manager: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
Finance Reviewer: \_\_\_\_\_  
Salary Access?  Yes  No  
Gift Reviewer: \_\_\_\_\_  
Salary Access?  Yes  No

2. Workday Cost Center Name and Number: \_\_\_\_\_  
3. Proposed Driver Worktag Name: \_\_\_\_\_  
**\* HOSPITALS:** if a new Legacy Value is also required for mapping to this driver, please indicate appropriate account i.d. (for example, L307029 = the letter L for Lawson, followed by 2-digit hospital number and 4-digit Lawson Cost Center).  
4. Purpose: Describe the intended use of this driver worktag (please be specific). Include source(s) of funds and whether received or anticipated [specify restrictions to gifts (faculty support, etc.)].  
\_\_\_\_\_

**REQUIRED SIGNATURES:**

Cost Center Manager:

Name: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Director/Finance Officer:

Name: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Dept. Chairman

Name: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Med Finance approval (if Medical-related):

Name: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

This request must be submitted with the following supporting documentation as appropriate: copies of checks, donor letters, relevant correspondence and/or budget approval. **Failure to include back-up will delay driver worktag set up.**

For Controller's

Office Use Only Fund: 10 20 21 30 35 40 41 50 Hierarchy: \_\_\_\_\_

PG/PR/BG \_\_\_\_\_ Title: \_\_\_\_\_

[ R V U ] or [ Non - R V U ] Generating? Company \_\_\_\_\_ Location \_\_\_\_\_

Financial Class \_\_\_\_\_ Region \_\_\_\_\_

University Controller: \_\_\_\_\_ Date: \_\_\_\_\_