DEPARTMENTAL AUTHORIZATION
RFO CHANGE REQUEST FORM

By Individual

Clear Entries

RFO authority requested for:

Last Name:		**First Name:**	**MI:**	**PID:**
EMPLID:	**E-mail:**	**Phone:**	**Fax:**	**Eff. Date:**
Dept./Proj. Name:			**Dept./Proj. #:**	
Location Code: *(Decal# on your office door)*		**Address:**		**Zip+4:**

Requested Action: Add ☐ Change ☐ Delete ☐

Request a change to the RFO status by checking the appropriate box above, and completing the information below. **Note**: Assignment of RFO status requires the signature of your Dean, Director or Chair.

Dept/Proj#	Dept/Proj Name	RFO Name

(attach additional sheet if necessary)

Approved by: _____

Dean/Director/Chair Signature Printed Name Date

_____

E-mail# Phone Department ID#

Please sign the completed form and fax it to (407) 882-1211

F&A Form: 41-960 (1/06)