



UNIVERSITY OF CENTRAL FLORIDA

DEPARTMENTAL AUTHORIZATION RFO CHANGE REQUEST FORM

By Individual

RFO authority requested for:

Form with fields: Last Name, First Name, MI, PID, EMPLID, E-mail, Phone, Fax, Eff. Date, Dept./Proj. Name, Dept./Proj. #, Location Code, 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.

Table with 3 columns: 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