

Dept Name: \_\_\_\_\_ Dept #: \_\_\_\_\_

**Authorized Users to Submit/Query Work Request**

*Note: All fields must be completed.*

First and Last Name	Phone Number	E-mail Address	Authorized Access	Facilities Use
			<input type="checkbox"/> Authorized to Submit Chargeback Work* <input type="checkbox"/> Authorized to view Work Order Financials	
			<input type="checkbox"/> Authorized to Submit Chargeback Work* <input type="checkbox"/> Authorized to view Work Order Financials	
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			<input type="checkbox"/> Authorized to Submit Chargeback Work* <input type="checkbox"/> Authorized to view Work Order Financials	
			<input type="checkbox"/> Authorized to Submit Chargeback Work* <input type="checkbox"/> Authorized to view Work Order Financials	

**\*Checking this box will allow the individual to electronically request work and authorized depletion of your department's fund.**

- This is an NDSU form for FAMIS Self-Service Access.
- Departments are responsible for notifying Facilities/Physical Plant when personnel changes occur.
- Users access will be verified annually.

Printed Name: VP/Dean/Director/Department Head \_\_\_\_\_

Signature: VP/Dean/Director/Department Head \_\_\_\_\_ Date \_\_\_\_\_

**Route this completed form to:**  
 Facilities Management-  
 Thorson Maintenance Center  
  
[ndsufacilitiesmanagement@ndsu.edu](mailto:ndsufacilitiesmanagement@ndsu.edu)  
 Phone (701) 231-7911