

**Department Information, Designations, & Authority**

**THIS REQUEST IS TO:**

<input type="checkbox"/> Set up a new department or subdepartment	Complete sections I, II, III, IV, & V.
<input type="checkbox"/> Change department information	Complete sections I & V.
<input type="checkbox"/> Change Department Head	Complete sections I, II, & V.
<input type="checkbox"/> Designate or change Alt APO	Complete sections I, III, & V.
<input type="checkbox"/> Update signature authority on paper documents	Complete sections I, IV, & V.

**SECTION I: DEPARTMENT INFORMATION**

Department Code:	<input type="text"/>	Mail Stop:	<input type="text"/>
Sub-Department Code:	<input type="text"/>		
Department Name:	<input type="text"/>		
Department Head:	Name:	<input type="text"/>	
	Title:	<input type="text"/>	
	Social Security #:	<input type="text"/>	
	Phone Number:	<input type="text"/>	
	E-mail Address:	<input type="text"/>	

**SECTION II: ACKNOWLEDGMENT BY DEPARTMENT HEAD (Accountable Property Officer)**

I hereby acknowledge responsibility for activity on FAMIS accounts belonging to this department. In addition, I accept designation as Accountable Property Officer and assume accountability for the assets belonging to this department. I understand that I am under financial liability for loss or damage to these items if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain, and service them. If I delegate an alternate APO, I am not relieved of my aforementioned responsibility. Furthermore, I have read and understand Section 3.2.1 of the Policy and Procedures Manual and have received certification for Disbursement Training.

	Signature of Department Head
Date: <input type="text"/>	X <input style="width: 100%;" type="text"/>

**SECTION III: DESIGNATION OF ALTERNATE ACCOUNTABLE PROPERTY OFFICER (Alt APO)**

Alternate APO	Name:	<input type="text"/>
	Title:	<input type="text"/>
	FAMIS ID:	<input type="text"/>
	Social Security #:	<input type="text"/>
	Phone Number:	<input type="text"/>
	E-mail Address:	<input type="text"/>

I hereby acknowledge designation as Alternate Accountable Property Officer for this department and understand that I am to act on the behalf of the Department Head (Accountable Property Officer) in his/her absence.

	Signature of Alternate APO
Date: <input type="text"/>	X <input style="width: 100%;" type="text"/>

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**SECTION IV: APPROVAL AUTHORITY ON PAPER DOCUMENTS**

The signers below are authorized to sign on all accounts belonging to the FAMIS department/sub-department shown in section I of this form. The paper documents this form gives authority for include vouchers, travel advances, fiscal requests, purchasing documents, IDT's, Deposits, and A/R Setups.

I have received certification for Disbursement Training and will approve accordingly.

Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	
Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	
Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	
Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	
Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	
Name <input type="text"/>	Signature <input type="text"/>
Title <input type="text"/>	

**SECTION V: APPROVAL OF DEPARTMENT HEAD & BUSINESS OFFICER**

After reviewing this form, I certify the information and/or changes are correct and may be used as this department's official information, structure, and authority. I have received certification for Disbursement Training.

Signature of Department head/Director <input type="text"/>	Date <input type="text"/>
Signature of Primary Business Officer <input type="text"/>	Date <input type="text"/>

Mail original form to HSC Finance & Administration, ATTN: Dana Thomas, Mail Stop 1361.