Department Request

Form Instruction

☐ Request for new Department

☐ Request for Attribute Change

☐ Make Department Inactive

Department Number _____

Date to Be Active _____

Department Name _____

Department address _____

_____

_____

Business Officer _____

Discipline Code _____

Purpose _____

Purchase Approvals

Level 1

Name _____ AD ID _____

Name _____ AD ID _____

Level 2

Name _____ AD ID _____

Name _____ AD ID _____

_____

Originator _____
Date

Area Security Officer _____
Date

AFRS Approvers _____
Date

AFRS Entry/Verification _____
Date