## PRINT SHOP WORK ORDER SYSTEM AUTHORIZATION REQUEST

Use this form to ADD or RESCIND an individual's rights in the Print Shop Work Order System.

Usually, only one AUTHORITY LEVEL is assigned per person. However, we can set up a User for multiple roles. Please complete the form for each **Initiator** and/or **Approver** and interoffice to the Print Shop; or fax to the Print Shop at 954-357-6124. If you have any questions, please call the Print Shop at 954-357-7120.

/ork Phone:								
	<del></del>			Last Name:				
ax Number: _				Extension:				
				Email:				
EPARTMENT NAM	ЛЕ*		DIVISION NAME*	SECTION NAME*				
rea of authority.	ENT for each Init		oprover; add a DIVIS	ION and/or SE	ECTION to limit th	ne <b>Initiator's</b> or	Approver's	
Fund	Program	Dept.	Account	Fund	Program	Dept.	Account	
Fund	Program	Dept.	Account	Fund	Program	Dept.	Account	
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