

**Physical Facilities, Planning & Management**

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**Designee Application Form (DAF)**

**Directions:**

Complete this form with required signatures before submitting the original document to O&M200 for processing. The original DAF must be completed and PFPM approved prior to electronic work orders acceptance. An activation email will be sent with training access and required materials attached after the PFPM process is finalized.

**Description of Authorization Level**

_____	_____	_____	_____
Department	Phone Number	Location	Date
_____	_____	_____	_____
Designee Employee Name	Title	UID	
_____	_____	_____	_____
Location	Email	Phone	
_____	_____	_____	_____
Account Name	Fund- Org- Program	Authorization Approval Amount	

I certify that an unobligated balance will be available in the above fund(s) to cover the expense of service requests.

_____	_____	_____
Department Head and UID	Sign	Date
_____	_____	_____
Fiscal Officer	Sign	Date