

**FACILITIES MANAGEMENT DEPARTMENT**

**AUTHORIZATION FORM: PART I  
FACILITIESFOCUS™ / FIXIT ACCOUNT USE**

**AUTHORIZED USER (PLEASE PRINT – ALL FIELDS ARE REQUIRED TO BE FILLED OUT)**

Name: \_\_\_\_\_ GWID \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ @ gwu.edu \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

By my signature, I certify that I: 1) understand and agree that my use of Fixit is required as part of my employment at The George Washington University (the "University") and is in support of the University's activities only; and, 2) will act in accordance with the computing guidelines and restrictions as stated in the University's Code of Conduct for Users of Computing Systems and Services, which can be found at <http://my.gwu.edu/files/policies/CodeofConductComputingFINAL.pdf>.

User Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

**DEPARTMENTAL APPROVALS (PLEASE PRINT)**

The above person replaces \_\_\_\_\_ who is no longer with this department.

The above person is a new employee in this department.

Department Location (Campus):  Foggy Bottom  Mount Vernon  Loudoun

Banner Indices / Oracle Aliases for which the above employee is authorized to commit expenses:

Primary Oracle Alias\*:

Alias: \_\_\_\_\_ Dept Name \_\_\_\_\_

Additional Oracle Alias:

Alias: \_\_\_\_\_ Dept Name \_\_\_\_\_

Additional Oracle Alias:

Alias: \_\_\_\_\_ Dept Name \_\_\_\_\_

\* The PRIMARY Alias will be the default account charged for any requests submitted by this User unless a different account is specified.

My signature below certifies that I have read and understand GW Financial Management Responsibility Policy regarding Authorization of Expenses and that granting access to FIXit / FacilitiesFocus™ for the above named person is in compliance these Policies. I further certify that the above named person is authorized to obligate expenses for the above named Banner Index (Indices) / Oracle Alias(es) (subject to the \$4,000 limit).

Financial Director Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date (if any) for Above User's Focus Access \_\_\_\_\_

My signature below certifies that: I have read and understand GW Financial Policies regarding Authorization of Expenses and that granting access to Facilities Focus for the above named person is in compliance these Policies; and, I agree to notify Facilities Department (to the attention of the person at bottom of page) when this employee leaves his / her position in my Department. I further certify that the above named person is authorized to obligate expenses for the above named Banner Index (Indices) / Oracle Alias(es) (subject to the \$4,000 limit).

Department Head/Dean Name (Print): \_\_\_\_\_

Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: Ron Behrend  
Manager, Work Management  
Facilities Management  
Support Building  
2025 F St., NW, Suite 212  
Washington, DC 20052