

# EN-860 Department Table Maintenance Form

E-mail form to [TEESFAMISecurity@tamu.edu](mailto:TEESFAMISecurity@tamu.edu)

State Law requires that you be informed of the following (1) that you are entitled to request to be informed about any information collected about you by this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information and (3) you are entitled to have the information corrected at no charge to you.

Action:															
CC:		28 - TEES		Dept Code:						Sub-Department Code:					
Dept Name:															
Head/Director UIN:							Alt. APO UIN:								
First Name:							First Name:								
Last Name:							Last Name:								
Head/Director Phone:							Alt. APO Phone:								
Mail Code:							Building Number:								
Building Campus:							Room:								
FRS:	Yes	EPA:	Yes	DBR:	Yes	DCR:	Yes	FFX:	Yes	TDP:	B	Purchasing:	Yes		
Department Contact UIN							Department Contact Name								
E-mail Address							Phone Number								
Expire Department		<p style="text-align: center;"><b>Note: All documents in process must be recalled or completed before a department office or view can be expired or deleted. FAMIS Screen 938</b></p>													
<p><i>I accept designation of Department Head/Alt. Accountable Property Officer and assume accountability for the funds and assets belonging to the department. I understand I am under financial liability for loss or damage to the property in this department if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain and service the funds/items.</i></p>															

UIN Department Head,  
Director or Dean

Signature

Date

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UIN Senior Business Admin.  
Or Asst. Dean Signature if necessary

Signature

Date

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UIN Alt. Accountable Property  
Officer/Primary Property Contact

Signature

Date

To complete this form based on any existing department's information please use the FAMIS Screen 860 or Canopy Main menu/FRS/TABLES/Department Tables to search for a department or example department.

1. Action: **All department information forms replace all preceding forms and action requests.** Be sure you completely fill out this form as any omission may cause data to be eliminated OR may delay processing.
  - a. Choose Change existing if you are making modifications to an existing department. *Delegation of Signature Authority Forms may be required if you change Department Head or Alt. Accountable Property Officer.*
  - b. Choose New department/sub-department if you are adding a completely new department/sub-department. *Delegation of Signature Authority forms are required when creating new departments or sub-departments.*
  - c. Choose Expire if you are expiring a department/sub-department. *Delegation of Signature Authority Forms are required if you are expiring a department/sub-department.*
  - d. Choose Un-expire if want to reactivate an expired department. *Delegation of Signature Authority Forms are required if you are un-expiring a department/sub-department.*
2. New department/sub-department codes must be unique and must consist of up to 5 alpha/numeric characters, i.e. FISC/NONE or FISC/AP, FISC/FTS etc.
  - a. Department codes cannot be changed.
  - b. Once established they are permanent.
3. Changes to existing departments should include the correct department/sub-department codes and department name.
  - a. The department name is limited to 30 characters.
  - b. The department name CAN be changed to reflect changes to actual functional department names.
  - c. Changes to department names require no approval beyond that required to establish or create a new department.
  - d. This change will NOT result in changes to the department name elsewhere and may require additional communication if account names, ad-loc tables, etc. is needed.
4. Director/Head:
  - a. Enter the UIN and Name as listed in BPP/SSO/HRConnect. Please do not use nicknames or preferred names but rather the official name of record.
  - b. The phone number will default based on that individuals BPP phone number of records. Please be sure to check screen 859 in FAMIS to verify that this information is correct. If it is incorrect work with your HR Liaison to correct this item.
5. Alt. Accountable Property Contact (APO):
  - a. Enter the UIN and Name as listed in BPP/SSO/HRConnect:
  - b. This individual is your PRIMARY property contact and should be the person to whom any question regarding property or assets is directed.
  - c. This is also the individual who should be the primary e-mail contact for approved and completed fixed assets.
  - d. Please do NOT list an individual whose responsibility is only signature authority or back-up and who will not be able to field most property related questions.
  - e. The phone number will default based on that individuals BPP phone number of record. Please be sure to check screen 859 in FAMIS to verify that this information is correct. If it is incorrect work with your HR Liaison to correct this.
  - f. This Individual will receive e-mail notification for assets purchased through Buy A&M on accounts tied to this department/sub-department.
6. Mail Code: Please enter the mail code provided to you by University Mail Services:  
<https://logistics.tamu.edu/mail-services/ALPHA-NUMERIC-CUSTOMER-MAIL-CODE%202020.pdf>
7. Default Building Number: This is the default building that will be used if no Building/room number is filled in on preliminary fixed assets. Please use building numbers as seen on the Facilities Coordination Building List  
<https://facilities.tamu.edu/buildings/>. May be left leave blank.
8. Building Campus: Must be specified if your building is located in or is on the property of another campus different from your home campus. For example, your department is located in a lab belonging to Texas Forest Services. May be left leave blank.
9. Default Room: This is the default room that will be used if no Room is filled in on preliminary fixed assets. This is your DEFAULT room where all assets will be located. May be left leave blank.
10. FRS: Financial Records System – Choose Yes if this department and its accounts will expend any funds.

11. EPA: Employee Payroll Action – Choose Yes if this department and its accounts will process any payroll or wage transactions.
12. DBR: Departmental Budget Request – Choose Yes if this department will process transfers between budget pools from one account to another.
13. DCR: Departmental Correction Request – Choose Yes if this department will process object code corrections and transfers between local to local accounts.
14. FFX: Fixed Assets - Choose Yes if this department will record any assets or will purchase any assets. If this option is selected as No, then the Alt. APO column is not required. If this option is selected Yes, then the Alt. APO column is required.
15. TDP: Transfer Department Property – Default to B to allow both intra-member and inter-member transfers.
16. Purchasing - Choose Yes if this department and its accounts will expend any funds.
17. Department Contact (DC) information – Please select a single individual to serve as the primary point of contact for questions related to this form, and any other issues relative to the practical operations of the department. This is often a task delegated to the primary businessperson or HR Liaison for the department who will have the most practical knowledge of the day-to-day department operations.
  - a. Enter the UIN and Name as listed in BPP/SSO/HRConnect:
  - b. You must list the contact information as this will NOT default.
  - c. To see the current DC please use the F10 key in screen 860FAMIS.
18. Expire Dept.: Enter the date this department will be expired. Please be aware that the Security Office must disconnect the department from any E-office routing that exists. Be sure that there are no documents currently in process for this department. The E-office manager should check screen 938 to view all documents currently in process.
19. Signatures: You may not sign or authorize your own information change.
  - a. The Department Head, Dean or Director must enter their UIN and sign indicating their acknowledgement of this information. If the Department Head, Dean or Directors are incoming then a Senior Business Administrator, Assistant Dean or Supervisor for that incoming Department Head must also sign.
  - b. The Senior Business Administrator, Assistant Dean or Director or the supervisor of the Department Head or Director must enter their UIN and sign indicating their approval and acknowledgement of this information if the Department Head information is changing. This signature may not be required.
  - c. Signatures: the Accountable Property Officer must enter their UIN and sign indicating their approval and acknowledgement of this information.

Completion of this form does not establish any system access nor does it eliminate the need for all Delegated Signature Authorized individuals to complete and submit a Delegation of Signature Authority Form.