HOW TO SUBMIT A FACILITIES MANAGEMENT SERVICE REQUEST

In an effort to better track and manage work requests please utilize the Facilities Management online Service Request form..

General Steps to Complete and Submit a Facilities Management Online Service Request

*Online Service Request are formerly also known as a Facilities Management Request (FMR)

1. Go directly to the online request form at: http://apps.adcom.uci.edu/expresso_fac/ess/MainController.do
   OR
   Visit ZotPortal at http://zotportal.uci.edu/
   - Click on “Faculty & Staff” tab on the top menu.
   - Click on “Facilities/Safety”.
   - Click on “Self Service”.
   - Click on “Online Service Request”.

   Enter your valid and active UCInetID and password.

2. Select the type of request you would like to create.

3. Complete all required fields (marked with an *) and complete any other pertinent information related to your service request.

4. Click on the “Submit Request” button on the bottom of the form to complete your request.

Tips for requesting service:

1. The online form provides for including more detailed documentation directly in your request. Include/upload additional documentation in the Attachment Section of the online form:
   a. Click on Add Attachment,
   b. Click on Browse and selecting a documents or picture to upload,
   c. If you want to add additional attachments, click on Add Attachment to browse and select again.

2. If an event or external activity is “calendared” for a specific date/time and requires that the work be completed by a certain date/time, please indicate this clearly in the description field and include a “Date Needed by” in the Additional Details Section. Facilities Management will follow up within 72 hours to confirm they are able to fulfill your request.

3. Use the “Find” icon in the Request Details Section to select the building, floor, and room by name, CAAN ID, or map number. Parks, Plazas, Parking Lots and Structures, and major streets are included in the Building Name List. If you do not find the primary location you are looking for, choose the nearest structure listed. If there is no floor or room, click “Close” to exit. Enter any additional specific location details in the request description.

\abs.uci.edu\dfs\fac\Facilities\Shared\Customer Relations\Online Request How-To061014.docx
## Repair / Renovation Request

**Requested By**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Jennifer M Swann</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Jennifer.swann@uci.edu">Jennifer.swann@uci.edu</a></td>
</tr>
<tr>
<td>Home Department</td>
<td>ENVIRO HEALTH &amp; SAFETY OFFICE</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(949) 824-4818</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(949) 824-8529</td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Building Name</td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
</tr>
</tbody>
</table>

**Requested For**

- Requested by Is the same as requested for:
  - Name: [Blank]
  - Email: [Blank]
  - Home Department: [Blank]
  - Phone Number: [Blank]
  - Fax Number: [Blank]
  - Mobile Number: [Blank]
  - Building Name: [Blank]
  - Floor: [Blank]
  - Office: [Blank]

**Request Details**

- Building Name: [Blank]
- Floor: [Blank]
- Room Number: [Blank]

**Request Description**

* Building Name: (700 character maximum, include any tag or blanket information)

- Is this a request for Facilities Management Trades support on a capital construction project?
- Will this request change the use of this space?
- Are there restrictions on this work, such as sensitivities to noise, scheduling, etc?
- Does Environmental Health and Safety (EHS) need to be contacted?

**Estimates**

- Do you require an estimate prior to the start of work?
- Estimates for jobs over $1,000 are provided for free and take approximately 2-3 weeks to prepare.
- Estimating are not provided for jobs under $1,000.

**Attachments**

- Add Attachment
- Remove Attachment

**Additional Details**

- Date Needed By (MM/DD/YYYY): [Blank]
- Authorized By: Jennifer M Swann

**Billing Information**

- Account Code: [Blank]
- Fund Code: [Blank]
- Sub Code: [Blank]
- Project Code: [Blank]
- Split Percentage: 0%

Submit Request
Cancel