Submitting On Campus Desktop or VPN – Page 1

Submitting Off Campus or Mobile – Page 9

Creation Date: February 5, 2025

Created By: Linda Leising

Submitting On Campus Desktop or VPN

1. Go to your google search bar and type in uakron.edu/pfoc and enter.



- 2. You have two options to select from. Select On Campus Desktop or VPN.
 - On Campus Desktop or VPN
 - Off Campus or Mobile



3. You may be prompted to sign in using your university credentials. If you are not prompted, proceed to step 8. Otherwise, sign in with your university username and password. Once logged in, you will be directed to the multifactor authentication page. Follow the authentication steps, and once complete, proceed to step 4. If you find yourself stuck at any point, it's likely that you are not signed into your VPN. In this case, the most efficient option is to return to the PFOC webpage and select the Off Campus or Mobile link to ensure proper access.

Sign in

lleising@uakron.edu

Can't access your account?

Next

By logging in, you are agreeing to the rules set forth in the University of Akron's Acceptable Use Policy. 4. You may be prompted with a pop-up blocker, as shown below. If this occurs, click on the image to allow the pop-up. If you do not see the pop-up blocker, proceed directly to step 8.



5. A Pop-ups blocked: will appear.



I

6. Select "Always allow pop-ups ..." and select done. Refresh your screen and select continue.



7. Refresh your screen and select continue.



8. You will be directed to the webTMA 5 request page, where your information will autopopulate. If you are entering information on behalf of another employee or student, please ensure that you use the details of the individual who will be responsible for tracking the status of the issue. Only the yellow fields are required to be filled out.

| <u>F</u> ile <u>H</u> elp | | | | | | | New Window |
|---------------------------|----------|----------------------|------------------|---------------|---------------------|------------------|------------------------|
| Web | | | Wo | ork Reques | t | | of Akron |
| 🚹 Home 📲 Logout | Add | Edit 🕞 Copy | X Delete 🕜 First | 🚱 Prev 🕑 | Next 👩 Last 🔯 Sea | arch 🛃 Print 👻 (| 🕡 Help 🚽 Save 🧳 Cancel |
| Action Menu | Identity | y 🔰 Status 🔰 Browse | | | | | |
| Unked Documents | | Requestor Informatio | n | | Request Information | | |
| Last Modified | | Request Date: | 02/05/2025 | 09:55 | Request Type: | Web Request | ▼ |
| - | | Requestor Name: | Linda Leising | · | Department: | | · |
| | | Phone #: | 6336 | | Repair Center Name: | | — |
| | | Requestor E-mail: | | | Account: | | ~ |
| | | Request Copy To: | | | Area 🗸 | PFOC-111D | · |
| | | Status: | | | | Office | |
| | | Action Requested (Al | L CAPS): | g Passed 🗆 | Select Item V | | · · · · |
| | | | | | | | |
| | | Additional Comments | 3 | | | | |
| | | | | □ *** ▲ | | | |
| Requestor Nav | | | | | | | |
| Tutorials | | | | | | | |

- 9. Action Requested: Include the following in ALL CAPS:
 - BUILDING & ROOM NUMBER (e.g., "MAIN BUILDING, ROOM 205")
 - IF YOU DO NOT KNOW THE ROOM NUMBER, PROVIDE A LANDMARK (e.g., "NEXT TO ROOM 115 IN THE HALLWAY")
 - BRIEFLY DESCRIBE THE ISSUE (e.g., "LIGHT OUT ABOVE THE DESK NEAR THE WINDOW" or "MIDDLE SINK DRAINS SLOW"

| Requestor Name: | Linda Leising 🎽 🔤 | Depart |
|---|---|-----------------|
| Phone #: 6 | 6336 | Repair Center N |
| Requestor E-mail: | lleising@uakron.edu | Acc |
| Request Copy To: | | Area |
| Status: | · · · · · · · · · · · · · · · · · · · | |
| Notify Me Action Requested (ALI | Approval Routing Passed | Select Item |
| 2-LANDMARK IF YOU NUMBER SUCH AS " HALLWAY" 3-BRIEF ISSUE SU TOILET | U DO NOT KNOW THE ROOM NEXT TO ROOM 115 IN CH AS LIGHT OUT OR RUNNING | |
| | ₽ ** • | |

| Eile Transactions | <u>M</u> aterial | Accounting | <u>O</u> rganizatio | n Admi <u>n</u> | <u>Reports</u> | Help | | | New V | Vindow |
|-------------------|------------------|---------------|---------------------|-----------------|----------------|----------|---------------------|--------------------|-----------------|------------|
| POWERED BY TH | MA | | | | Req | uest Log | | | of Akron | |
| 🟠 Home 🛛 📲 Logout | t 🗋 A | dd 🛛 🏹 Edit | Copy | r 📉 🗙 Delete | 🕜 First | 🕞 Prev | 📀 Next 🛛 🔊 Last | 👌 Search 🎒 Krint 👻 | 🕜 Help 🛛 🛃 Save |) (|
| | GIden | ntity UDF | Browse | | | | | | | |
| Action Menu | | | | | | | | | | |
| 🚓 Linked | <u> </u> | Requestor Inf | ormation | | | | Request Information | | | |
| Documents | | Re | quest #: | | | | Request Type Desc: | Web Request | | |
| Last Modified | | Reques | st Date: 🚺 | 2/05/2025 | | 10:04 | Department Name: | | | |
| Estimate | | Requestor | Name: Li | nda C Leisir | ng | - | Repair Center Name: | | | |
| | | P | hone #: (3 | 30) 972-7451 | | | Speedtype: | | · ··· | |
| Tracking | | Requestor | E-mail: Ile | ising@uakro | n.edu | | Select Location 🗸 | | · | |
| <u> </u> | | | Status: | | | - | | | | |
| Add Favorite | | N | otify Me 🔽 | Approva | I Routing F | Passed 📃 | Select Item 🗸 | | · | |
| ~ | / | Action Reque | sted (ALL | CAPS): | | | | | | |
| Favorites | | | | | | | | | | |
| Transactions | | | | | | ~ | | | | |
| Material | | | | | | | | | | |
| Accounting | | | | | | 1 | | | | |
| Organization | 4 | Additional Co | mments | | | | | | | |
| Reports | | | | | | A89 | | | | |
| Tutorials | | | | | | ž | | | | |

10. Repair Center Name: Select the drop-down arrow

11. Select Physical Facilities

| | - | |
|-----------------------------------|---|--|
| | - | |
| Central Stores Chemical Stores | | |
| Physical Facilities | | |
| | | |
| | | |
| | | |
| | | |
| | Central Stores Chemical Stores Locking Systems Physical Facilities | Central Stores Chemical Stores Locking Systems Physical Facilities |

12. Account: Account codes are only needed when the request is for a chargeable service. If the request is for routine maintenance (fixing something that's already part of the building), you do not need an account code. When in doubt leave it blank.

| 🗋 Add 📑 Edit 🖓 C | copy 🗙 Delete 🔞 First | C Prev | Next W Last | 💁 Search 🏼 🖨 Print 👻 🌘 |) Help | Save 🦉 |
|-----------------------------------|--|--|--|---|---|---|
| Identity Status Br | owse | | | | | |
| Requestor Informatio | n | | Request Information | | | |
| Request Date: | 01/31/2025 | 08:22 | Request Type: | Web Request | Ŧ | |
| Requestor Name: | Linda Leising | · | Department: | | + | |
| Phone #: | 6336 | | Repair Center Name: | Physical Facilities | * | |
| Requestor E-mail: | lleising@uakron.edu | | Account: | | ~ | |
| Request Copy To: | | | Area 🗸 | PFOC-111D | * | |
| Status: | | · | | PFOC-111D | | |
| Notify Me Action Requested (AL | Approval Routing Pas L CAPS): | ssed 🗆 | Select Item V | | | |
| LIGHTS OUT IN H 105. | ALLWAY ACROSS FROM ROOM | ** | | | | |
| Additional Comments | | | | Theme d d and of | | |
| | | | | items 1-1 out of | 1 | |
| | | ž | | | | |
| | | | | | | |
| | Identity Status Br Requestor Information Requestor Information Requestor E-mail: Request Copy To: Status: Notify Me Action Requested (ALL LIGHTS OUT IN HE 195. | Identity Status Browse Identity Status Browse Request Information Request Of Mark Request Date: 01/31/2025 Information Browse Request Copy To: Status: Notify Me I Approval Routing Pa Action Requested (ALL CAPS): Lterris out IN HALLMAY ACROSS FROM ROOM 185. Additional Comments Additional Comments | Identity Status Browse Request Information Request Information Request Date: 0//31/2025 0//32 Phone #: 6336 Requestor Hame: Inda Leising Image: Status Phone #: 6336 Requestor E-mail: Ileising@uakron.edu Requestor E-mail: Ileising@uakron.edu Request Copy To: Status: Notify Me @ Approval Routing Passed Action Requested (ALL CAPS): Lterris ouri IN HALLWAY ACROSS FROM ROOM 185. | Identity Status Browcol Request Information Request Information Request Date: 01/31/2025 08:22 Request Information 08:22 Phone #: 6336 Request Cermail likeising@uakron.edu Request Cermail Request Cermail Ising@uakron.edu Requested (ALL CAPS): Select Item Lterrfs our IN HALLWAY ACROSS FRON ROOM Ising@uakron.edu Additional Comments Image: Cerminal Cermi | Identity Status Browso Request Information Request Information Request Information 01/31/2025 Phone :: 63.66 Phone :: 63.66 Requestor Hame: India Leising Phone :: 63.66 Requestor E-mail: Iteising@uakron.edu Request Corpy To: Status: Notify Me @ Approval Routing Passed F60C-111D Action Requested (LC CAPS): Select Item Lterrist out TH HALLWAY ACROSS FROM ROOM * Additional Comments * | Identity Status Browso Request Information Request Information Request Information 01/31/2025 Phone : 6336 Requestor Hame: Inda Leising Phone : 6336 Requestor E-mail: Illeising@uakron.edu Request Cepy To: Status Status: Image: Status Notify Me @ Approval Routing Passed FFOC-111D Action Request CAPS: Image: Status Liferits OUT IN HALLWAY ACROSS FROM ROOM Image: Status Additional Comments Image: Status |

13. Click on Save

| | | | | New Win | dow | |
|----------|----------------------------|------------------|------------|---------|-----|---|
| | ofA | .] niv kro | lhe ers | ity | | |
| Last | 🛕 Search 📑 Print 👻 🔞 | He | lp | 📙 Sav | e | |
| | | | | | | |
| | | | | | | I |
| mation | | | | | | |
| t Type: | Web Request | • | | | | |
| irtment: | Speech-Lang Path & Audic | • | | | | |
| Mamo | Dhysical Essilition | - | | | | |

14. Above the Requestor Information, you'll see your request number and submission date.

The Service Center will convert your request into a work order, and a PF number will be emailed to you. Use this PF number to track the status via the "Browse" tab or by sending an email to PFOCServiceCenter@uakron.edu.

| e <u>H</u> elp | | | | | |
|----------------|----------|------------------------|---------------------|------------------|------------------|
| POWER | | 15 | | Work Request | |
| Home | Logout | 🗋 Add 🛛 🚽 Edit 🖉 | Copy 🗙 Delate | 🚯 First 🛛 🔇 Prev | 🕘 Next 🔕 La |
| tion Menu | | Identity Status | Browse | | |
| Linked Do | ocuments | | | | |
| 1 | | Your request 134975 ha | as been sent on 01/ | 31/2025 11:21 | Request Informa |
| 🎱 Last Modi | fied | Requestor Informatio | 'n | | Request T |
| 1 | | Request Date: | 01/31/2025 | 11:27 | Departn |
| | | Requestor Name: | Linda Leising | | Repair Center Na |
| | | Phone #: | 6336 | | |
| | | Requestor E-mail: | lleising@uakron. | edu | Acci |
| | | Request Copy To: | | | Area |
| | | Status: | | ▼ | |
| | | Notify Me | Approval Ro | outing Passed | Select Item |
| | | Action requested (A | | | |
| | | | | | |

15. If you have any questions or problems, please contact the service center at 330-972-7415 or Linda Leising at 330-972-6336.

Submitting Off Campus or Mobile

1. Click on https://www.uakron.edu/workorder



2. Type the requestors First & Last Name

| | Service Re | aue | st |
|------------------------------|------------------------------------|-----|----|
| | | | |
| Requestor Name | Input requestors First & Last Name | | |
| Phone # | | | |
| Requestor E-mail | | | |
| Facility Name | Akron Campus | | |
| Building Name | | • | |
| Room # | | - | |
| Request Type Desc | Web Request | • | |
| Repair Center | | • | |
| Action Requested (ALL CAPS): | | | |
| | | | |
| | | | |

4. Type the Requestors phone number

| | Service Regu |
|------------------------------|------------------------------------|
| | bervice nequ |
| De sus étas Name | |
| Requestor Name | Input requestors First & Last Name |
| Phone # | Requestors phone number |
| Requestor E-mail | |
| Facility Name | Akron Campus |
| Building Name | · |
| Room # | |
| Request Type Desc | Web Request |
| Repair Center | |
| Action Requested (ALL CAPS): | |
| | |
| | |
| | |

5. Type in the requestors email address

| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Imput request Request Type Desc Web Request Repair Center Imput requested (ALL CAPS): | | | |
|---|------------------------------|------------------------------------|-----|
| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Image: Comment of the second of th | | | |
| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Image: Comparison of the second se | | | |
| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Image: Compute Computer | | | |
| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Imput requestors First & Last Name Room # Imput requesters phone number Request Type Desc Web Request Repair Center Imput requesters phone number Action Requested (ALL CAPS): Imput requesters phone number | | Service Re | วุน |
| Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Room # Request Type Desc Web Request Repair Center Action Requested (ALL CAPS): | Requestor Name | Input requestors First & Last Name | |
| Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Image: Constant of the second secon | Phone # | Requestors phone number | |
| Facility Name Akron Campus Building Name Image: Complex compl | Requestor E-mail | lleising@uakron.edu | |
| Building Name Room # | Facility Name | Akron Campus | |
| Room # Request Type Desc Web Request Repair Center Action Requested (ALL CAPS): | Building Name | | • |
| Request Type Desc Web Request Repair Center Action Requested (ALL CAPS): | Room # | | • |
| Repair Center Action Requested (ALL CAPS): | Request Type Desc | Web Request | • |
| Action Requested (ALL CAPS): | Repair Center | | • |
| | Action Requested (ALL CAPS): | | |
| | | | |
| | | 1 | |

6. Click on select

| wame | Input requestors First & Last Name | |
|--------|------------------------------------|----|
| one # | Requestors phone number | |
| E-mail | lleising@uakron.edu | |
| Name | Akron Campus | |
| Name | | - |
| toom # | | - |
| Desc | Web Request | - |
| Center | | - |
| PS): | | |
| | Submit Clear Create Bookma | rk |

7. Click on Physical Facilities...

| Phone # | Requestors phone number | |
|------------------------------|---|---|
| Requestor E-mail | lleising@uakron.edu | |
| Facility Name | Akron Campus | |
| Building Name | | - |
| Room # | | - |
| Request Type Desc | Web Request | - |
| Repair Center | | - |
| Action Requested (ALL CAPS): | Central Stores Chemical Stores Locking Systems Physical Facilities | |
| Notify Me 🗹 | | |

- 8. Action Requested: Include the following in ALL CAPS:
 - BUILDING & ROOM NUMBER (e.g., "MAIN BUILDING, ROOM 205")
 - IF YOU DO NOT KNOW THE ROOM NUMBER, PROVIDE A LANDMARK (e.g., "NEXT TO ROOM 115 IN THE HALLWAY")
 - BRIEFLY DESCRIBE THE ISSUE (e.g., "LIGHT OUT ABOVE THE DESK NEAR THE WINDOW" or "MIDDLE SINK DRAINS SLOW"

| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Image: State | | Service Net | yu |
|---|-------------------|------------------------------------|----|
| Requestor Name Input requestors First & Last Name Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name * Room # * Request Type Desc Web Request Repair Center Physical Facilities Action Requested (ALL CAPS): AsB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM Nubler PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Example. AsB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. | | | |
| Phone # Requestors phone number Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name * Room # * Request Type Desc Web Request Repair Center Physical Facilities Action Requested (ALL CAPS): AsB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM Nubber PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Yub Do Not KNOW The ROOM Notify Me Submit Clear Create Bookmark | Requestor Name | Input requestors First & Last Name | |
| Requestor E-mail Ileising@uakron.edu Facility Name Akron Campus Building Name Room # Request Type Desc Web Request Repair Center Physical Facilities Action Requested (ALL CAPS): AsB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM Nubler PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Notify Me | Phone # | Requestors phone number | |
| Facility Name Akron Campus Building Name Image: Construct of the state of the s | Requestor E-mail | lleising@uakron.edu | |
| Building Name ▼ Room # ▼ Request Type Desc Web Request ▼ Repair Center Physical Facilities ▼ Action Requested (ALL CAPS): ■ ■ AsB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Notify Me ■ Submit Clear Create Bookmark | Facility Name | Akron Campus | |
| Room # • Request Type Desc Web Request • Repair Center Physical Facilities • Action Requested (ALL CAPS): Asb, Room 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Notify Me Submit Clear Create Bookmark | Building Name | | - |
| Request Type Desc Web Request Image: Center Repair Center Physical Facilities Image: Center Action Requested (ALL CAPS): Asb, Room 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Image: Center Content of the tenter of | Room # | | Ŧ |
| Repair Center Physical Facilities Action Requested (ALL CAPS): ASB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. Notify Me Image: Submit Clear Create Bookmark | Request Type Desc | Web Request | - |
| Action Requested (ALL CAPS): ASB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. | Renair Center | Physical Facilities | - |
| Action Requested (ALL CAPS): ASB, ROOM 123 RESTROOM LIGHT IS OUT. IF YOU DO NOT KNOW THE ROOM NUMBER PROVIDE A LANDMARK. FOR EXAMPLE. ASB, NEAR ROOM 145, RESTROOM LIGHT IS OUT. | | | _ |
| | Notify Me 🗹 | Submit Clear Create Bookmar | rk |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |

9. Click on Submit

| | KUUIII # | | | 12 |
|---|-----------------------------------|---|----------------------------|-----|
| Request | Type Desc | Web Request | | - |
| Re | pair Center | Physical Facilities | | • |
| Action Requested (ALI | L CAPS): | | | |
| ASB, ROOM 123 RESTROC NUMBER PROVIDE A LANE RESTROOM LIGHT IS OUT | OM LIGHT IS OMARK. FOR E T. | OUT. IF YOU DO NOT XAMPLE. ASB, NEAR | KNOW THE ROOM ROOM 145, | |
| Notify Me 🗹 | | Submit Clear | Create Bookm | ark |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Click on OK

| Action Reque | ested (ALL CAPS): | | |
|--------------|-------------------|---------------|----|
| Notify Me 🗹 | Request Created | x æ Bookma | rk |
| | | | |

11. If you have any questions or problems, please contact the service center at 330-972-7415 or Linda Leising at 330-972-6336.