



# Signature Authorization Form

Employee's Location (e.g., UConn Health, Storrs, other affiliation): \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Employee's Organization (e.g., Finance, Dermatology, Pediatrics) \_\_\_\_\_ Mailcode: \_\_\_\_\_

This form is:  **NEW** Check this box if you are requesting Signature Authorization for the first time.

**REVISED** Check this box if you are requesting additional FOAPALs be added to your existing list of Signature Authorization FOAPALs.

**REPLACEMENT** Check this box if you are requesting your existing list of Signature Authorization FOAPALs be deleted and replaced with FOAPALs list in box below.

If you have questions contact Clinton Propfe at ext. 6124

Signature Authority will be granted to the requesting employee (listed at right) for the Funds and Organizations (Org) listed below. Funds have 6 digits and Org have 5 digits.

FUND	ORG	FUND	ORG
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**All Funds for an Organization:**  
Only check this box if you require signature authorization for every fund that exists for the specific organization(s) listed below. If you check this box you must list the org/orgs that you require full signature authorization for in the spaces below.

**All Fund/Organization for Responsible Person**  
Only check this box if you require your signature authorization to mirror an existing individual's signature authorization. If you check this box you must list the individual's name on the line below.

**NAME OF EMPLOYEE:**

EMPLOYEE PRINTED NAME

EMPLOYEE PRINTED TITLE

EMPLOYEE SIGNATURE

**DEPARTMENTAL APPROVAL**

**AUTHORIZING OFFICIAL:**

(PI, DEPARTMENT HEAD, OR HIGHER)

OFFICIAL'S PRINTED NAME

OFFICIAL'S PRINTED TITLE

OFFICIAL'S SIGNATURE

DATE OF SIGNATURE

**BOX BELOW IS FOR FINANCE ONLY**

**APPROVED BY:**

**Nicole Baker**, Finance Director

DATE OF SIGNATURE

**SEND COMPLETED REQUEST TO: NICOLE BAKER MC5305**

**NO FAXED COPIES**

**MANAGER'S**

ACNOWLEDGEMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Clinton Propfe