



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:

Finance Director or Higher

DATE OF SIGNATURE

SEND COMPLETED REQUEST TO: CLINTON PROPFE MC5305

NO FAXED COPIES

MANAGER'S

ACNOWLEDGEMENT: _____ DATE: _____

Clinton Propfe