

UNIVERSITY OF CALIFORNIA, SAN DIEGO
Signature Authorization and Cancellation

Section 1: Provide Employee Information

FIRST NAME	MIDDLE	LAST
PAYROLL TITLE		
DEPARTMENT	EXTENSION	EMPLOYEE NUMBER

Section 2: Provide an Employee Signature Specimen

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Section 3: Indicate the Action to Be Taken

- A. Authorize approval authority for the above employee beginning on this date: _____
- B. Cancel the existing approval authority for the above employee on this date: _____
- C. Cancel the existing approval authority ONLY for the organization/fund listed in Section 5 on this date: _____

Section 4: Select the Type of Delegation of Authority

- A. The employee will act on behalf of the department head at all times.
- B. The employee's authorization will only be effective when the department head is absent.

Section 5: Indicate the Funds Affected by this Request

ORGANIZATION NAME	ORGANIZATION NUMBER	FUND NUMBER

*If all funds are authorized, indicate "all" in the Fund # box.

Section 6: Select the Type(s) of Documents/Transactions that Apply to this Delegation

- A. Invoices
- B. Payment Authorizations
- C. Travel

Section 7: Required Signature

Approved By: _____ DATE _____
DEPARTMENT HEAD