SIGNATURE AUTHORIZATION/DELEGATION

DEPARTMENT: COMPUTING & COMMUNICATIONS  Policy No: 400-35

Department Name: __________________________

Check the desired action(s) below:

☐ Establish Signature Authority
   By signing below I certify that I am the Department Head or Dean with responsibility and authority to manage funds and administrative action. Further, I understand that I have authority to approve a request for an individual’s logon ID and UCR Net ID which is considered equivalent to a signature for some system action.

   Signature of Department Head or Dean  __________________________
   Date: __________________________

   Printed of Department Head or Dean  __________________________
   Payroll Title: __________________________

☐ Add Delegate to Signature Authority
   The delegate specified below is granted the authority to request a logon ID and UCR Net ID for an individual. By Signing below I certify that I have been granted authority to request a logon ID for an individual - which is considered equivalent to a signature for some system actions.

   Signature of Authorized Delegate  __________________________
   Date: __________________________

   Printed name of Authorized Delegate  __________________________
   Payroll Title: __________________________

   Signature of Department Head or Dean  __________________________
   Date: __________________________

☐ Cancel Department Head/Delegate

   Printed name to be canceled  __________________________
   Date: __________________________

   Signature of Department Head or Dean  __________________________
   Date: __________________________

Submit the completed form to Computing & Communications.