

Signature Authorization List

Department and College Approver - Instructions and Examples



THE UNIVERSITY OF ARIZONA
Human Resources

Signature Authorization List instructions and examples for both Department and College/VP level approvers are provided below. The forms are required for transactions submitted as exception hard-copy documents and for processes not currently delivered electronically in Manager Self Service (MSS). Forms are completed annually to meet audit requirements—and to avoid delays in document processing.

DEPARTMENT LEVEL APPROVERS

- Enter the **Department(s) Name(s), Number(s), and College Division(s)** to specify the unit(s) the individual will have authority to approve on the department's/unit's behalf
- Check the **Add** box for new approvers, or select the **Update** box to renew an individual's signature authorization for the year
- Complete the individual's **Name, EmplID** and **UA Title** to request department level approval
 - Obtain the individual's **signature/date**

Dept Column

- Select the boxes in the **Dept** column to indicate the documents the department level approver is authorized to sign
- Complete the **Department Head/Director Name** and **E-mail Address**
 - Obtain the Department Head's/Director's **signature/date**

College/VP Required Column

- The **College/VP Required** column is completed by an authorized College/VP representative
 - Checked boxes indicate that hard-copy documents require College/VP approval
- The College/VP representative completes the **Dean/VP Name** and **Email Address**, and obtains his/her **signature/date**

The signature authorization list for Department Level Approvers identifies documents that require College /VP approval. In some cases, the department authorized approver may have sole authority to sign off on specific documents. In that case, the **Dept** box for the appropriate category is checked and the **College/VP Required** box is left blank.

Signature Authorization List
FY 2017-2018

THE UNIVERSITY OF ARIZONA
Human Resources

Department Name(s): _____ Department Name(s)
Department Number(s): XXXX
College Division(s): XXXX

Add Update Delete Other Dept Authorized Approver College/VP Authorized Approver

Department/College/VP Representative Information

Name: AUTHORIZED DEPT REP XXXXXXXX
Last First M.I. EMPLID
XXXXXXXXXX XXXXXXXX XXXXXXXX

Signature/Date: _____
Signature Date

	Dept Required	College/VP Required
Appointed Personnel:		
Hiring Forms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PAF-Additional Jobs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Professional Services Form (OPS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplemental Compensation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leaves/Sabbaticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Classified/Ancillary Staff:		
Hiring Forms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PAF-Additional Jobs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplemental Compensation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leaves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Graduate Assistant/Associate:		
PAF-Additional Jobs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student Employees:		
Hiring Forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Approval Information/Signature

Department Head/Director Name: XXXXXXXX XXXXXXXX X
Last First M.I.

Signature/Date: _____
Email Address: XXXXXXX@EMAIL.ARIZONA.EDU

Dean/VP Name: XXXXXXXXXX XXXXXXXXXX X
Last First M.I.

Signature/Date: _____
Email Address: XXXXXXX@EMAIL.ARIZONA.EDU

Last Updated: May 2, 2017 1

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COLLEGE/VP LEVEL APPROVERS

- Enter the **Department(s) Name(s), Number(s), and College Division(s)** to specify the departments/unit(s) the individual will have authority to approve on the College's/VP's behalf
- Check the **Add** box for new approvers, or select the **Update** box to renew an individual's signature authorization for the year
- Check the **College/VP Authorized Approver** box
- Complete the individual's **Name, EmplID** and UA **Title** to request College/VP level approval
 - o Obtain the individual's **signature/date**

Dept Column

- Leave the **Dept Required** column blank

College/VP Required Column

- Leave the **College/VP Required** column blank
- The College/VP representative completes the **Dean/VP Name** and **Email Address**, and obtains his/her **signature/date**

The signature authorization list for College/VP Level Approvers identifies hard-copy documents for departments/units the individual has sole authority to approve. Therefore, the **Dept** box for the appropriate category is checked and the **College/VP Required** box is left blank.

Signature Authorization List
FY 2017-2018

THE UNIVERSITY OF ARIZONA
Human Resources

Department Name(s): _____ Department Name(s)
Department Number(s): XXXX
College Division(s): XXXX

Add Update Delete Other Dept Authorized Approver College/VP Authorized Approver

Department/College/VP Representative Information

Name: AUTHORIZED DEPT REP XXXXXXXX
Last First M.I. EMPID
Title: XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX

Signature/Date: _____ Signature _____ Date _____

	Dept Required	College/VP Required
Appointed Personnel:		
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>
PAF-Additional Jobs	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services Form (OPS)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Leaves/Sabbaticals	<input type="checkbox"/>	<input type="checkbox"/>
Classified/Ancillary Staff:		
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>
PAF-Additional Jobs	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Leaves	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Assistants/Associate:		
PAF-Additional Jobs	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Student Employees:		
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>

Approval Information/Signature

Department Head/Director Name: XXXXXXXX XXXXXXXX X
Last First M.I.

Signature/Date: _____
E-mail Address: XXXXXXX@EMAIL.ARIZONA.EDU

Dean/VP Name: XXXXXXXXXX XXXXXXXX X
Last First M.I.

Signature/Date: _____
E-mail Address: XXXXXXX@EMAIL.ARIZONA.EDU

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