



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 2020-2021

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

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

Department/College/VP Representative Information

Name: _____ EmplID: _____
 Title: _____
 Signature: _____ Date: _____

	Dept Required	College/VP Required
Faculty/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/Call-backs	<input type="checkbox"/>	<input type="checkbox"/>
University Staff:		
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	<input type="checkbox"/>	<input type="checkbox"/>
Class/Staff:		
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 Assistant/Assistant:		
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

Dept Head/Director Name: _____ Email: _____
 Signature: _____ Date: _____

Dean/VP Name: _____ Email: _____
 Signature: _____ Date: _____

Last Updated: 5/19/2020

Signature Authorization List: Department and College Approver – Instructions and Examples (Continued)

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
 - 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
Human Resources
FY 2020-2021

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

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

Department/College/VP Representative Information

Name: _____ EmplID: _____
Title: _____
Signature: _____ Date: _____

Faculty/Appointed Personnel:	Dept Required	College/VP Required
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>
PAF-Additional jobs	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services Form (OPSF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Leaves/Sabbaticals	<input type="checkbox"/>	<input type="checkbox"/>
University Staff:	Dept Required	College/VP Required
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>
PAF-Additional jobs	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services Form (OPSF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Leaves	<input type="checkbox"/>	<input type="checkbox"/>
Classified Staff:	Dept Required	College/VP Required
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 Assistant/Associate:	Dept Required	College/VP Required
PAF-Additional jobs	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Student Employee:	Dept Required	College/VP Required
Hiring Forms	<input type="checkbox"/>	<input type="checkbox"/>

Approval Information/Signature

Dept Head/Director Name: _____ Email: _____
Signature: _____ Date: _____

Dean/VP Name: _____ Email: _____
Signature: _____ Date: _____

Last Updated: 5/19/2020