

The University of Texas of the Permian Basin
Signature Authorization Request Form

Return form to: *Signature Desk*
Office of Accounting
Mesa 490

Name of Department/Unit _____

ADD the following individuals as authorized signers

Signer Name & SSN	Authorization Period (mark only one)
	<input type="checkbox"/> Indefinitely. I understand that signature authority <u>will not expire</u> and will not be removed without action on my part. <input type="checkbox"/> From _____ to _____. I understand that signature authority <u>will expire</u> and will not be renewed without action on my part.
	<input type="checkbox"/> Indefinitely. I understand that signature authority <u>will not expire</u> and will not be removed without action on my part. <input type="checkbox"/> From _____ to _____. I understand that signature authority <u>will expire</u> and will not be renewed without action on my part.
	<input type="checkbox"/> Indefinitely. I understand that signature authority <u>will not expire</u> and will not be removed without action on my part. <input type="checkbox"/> From _____ to _____. I understand that signature authority <u>will expire</u> and will not be renewed without action on my part.
	<input type="checkbox"/> Indefinitely. I understand that signature authority <u>will not expire</u> and will not be removed without action on my part. <input type="checkbox"/> From _____ to _____. I understand that signature authority <u>will expire</u> and will not be renewed without action on my part.

REMOVE the following individuals as authorized signers

Signer Name & SSN	Effective Date	REASON for adding/deleting signers

These authorizations apply to the following units and/or budget groups

Unit/Budget Group	Title

Approved by		Date	
Printed Name		Prepared By	
Title		Phone	

Person to notify that signature authority has been updated:

Name	Phone
------	-------

Signature Authorization Request Form Instructions

This form is for updating manual signature authority. This form is **NOT** for updating electronic signature authority. Electronic signature authority is updated by electronic office managers. Call the Office of Accounting (2706) with questions.

Name of Department/Unit

Type the name of the department or unit for this request.

ADD the following individuals as authorized signers:

Signer Name & SSN

Enter the name and social security number (SSN) of the person to be added as a signer. Each form has space for four people to be added.

Authorization Period

There are two options available. Mark only ONE option.

Indefinitely. Marking this option indicates that the requested signer will have signature authority until further notice. Signature authorization for this individual will roll over each year until another request is submitted to remove the authorization.

From/To. Marking this option indicates that the requested signer will have signature authority for the specified period. Signature authorization will expire and will not continue unless another form is submitted.

REMOVE the following individuals as authorized signers

Enter the name and social security number (SSN) of the person to be removed as a signer and the effective date of the removal. Each form has space for three people to be removed.

REASON for adding/deleting signers

Enter the reason signature changes are needed. Examples: promotion, retirement, etc.

These authorizations apply to the following units and/or budget groups

Unit/Budget Group

Enter the unit code and/or budget group for the signature changes. Examples:

- (1) 5100-000. Signature authority will be updated at the unit level for unit 5100-000 *only*. Signature authority at the unit level will be effective for all budget groups within a unit. Therefore it is not necessary to list all budget groups in the unit.
- (2) 5100-XXX or 5100.... Signature authority will be updated at the unit level for unit 5100-000 *and all subunits within 5100* (i.e., 5100-001, 5100-002, etc.).
- (3) 19-9999-99. Signature authority will be updated at the budget group level *only*.
- (4) 19-9999-9950. Signature authority *will not be updated*. Signers can only be added at the budget group level. The form will be returned to the initiator for correction.

Title

Enter the corresponding title of the unit(s) and/or budget group(s).

Approved by

The person approving this request signs this line. An approver must be the unit administrator or a person higher in the reporting chain for the units/budget groups on the request. Use the GG6 command for a unit code to find administrators who can approve the request. Use the GBS command for a budget group to find administrators who can approve the request (the administrator name must be above the dashed line in order to approve the request).

Printed Name

Enter the name of the approver.

Title

Enter the title of the approver

Date

Enter the date the request was approved.

Prepared by/Phone

Enter the name and phone number of the person who prepared the form.

Person to notify that signature authority has been updated

Enter the name and phone number of the person to be notified.