EXHIBIT A

UNIVERSITY OF CALIFORNIA, SAN DIEGO

SIGNATURE AUTHORIZATION OR CANCELLATION

SIGNATURE SPECIMEN

DISTRIBUTION: FORWARD ONE "SIGNATURE AUTHORIZATION" PAGE TO ACCOUNTING OFFICE. RETAIN COPIES TWO AND THREE, ATTACHED, IN DEPARTMENTAL FILES. TO CANCEL AUTHORIZATION, ENTER ENDING DATE ON COPIES TWO AND THREE AND FORWARD COPY TWO "CANCELLATION OF AUTHORIZATION" TO ACCOUNTING OFFICE. RETAIN COPY THREE.

AUTHORIZATION: A SIGNATURE AUTHORIZATION IS A DELEGATION OF AUTHORITY. ALL DELEGATIONS ARE APPROVED BY THE DEPARTMENT HEAD. A DEPARTMENT HEAD EXECUTES THIS FORM TO PROVIDE SIGNATURE SPECIMEN AND PLACE HIS NAME ON LIST OF AUTHORIZED PERSONNEL. NO CONTINUING AUTHORIZATION IS REQUIRED. SIGNATURE AUTHORIZATIONS REMAIN IN EFFECT UNTIL CANCELLED.

CANCELLATIONS: CANCEL SIGNATURE AUTHORIZATIONS PROMPTLY UPON SEPARATION OR TRANSFER TO A POSITION NOT INVOLVING SIGNATURE RESPONSIBILITY PREVIOUSLY DELEGATED.

BEGINNING DATE ________________________________ THE SIGNATURE OF __________________________

NAME: FIRST __________ MIDDLE __________ LAST __________ PAYROLL TITLE (EXCLUDE STEP) __________

ADMINISTRATIVE POSITION: CHAIRMAN __________ VICE CHAIRMAN __________ PRINCIPAL INVESTIGATOR __________ SPECIFY __________

THIS DELEGATION ESTABLISHES AUTHORIZATION: A ☐ TO ACT FOR DEPARTMENT HEAD AT ALL TIMES ☐ EFFECTIVE IN ABSENCE OF THE DEPARTMENT HEAD TO APPROVE THE TRANSACTIONS INDICATED BELOW UNDER THE FOLLOWING ACCOUNT/FUND/DEPARTMENT NUMBER(S).

IF DELEGATION IS EFFECTIVE FOR ALL FUND AND DEPARTMENT NUMBERS, INDICATE "ALL" IN COLUMN WITH ☐.

ACCOUNT NAME ☐ FUND NAME ☐ LOC ACCOUNT NO. ☐ FUND NO. ☐ DEPT NO.

CATEGORY I DELEGATIONS: DEPARTMENT HEAD MAY DELEGATE AUTHORITY TO ANY DEPARTMENTAL PERSONNEL:

☐ GENERAL REQUISITIONS ☐ TRAVEL VOUCHER CLAIMS
☐ MISCELLANEOUS BLANKET AUTHORIZATION PURCHASES ☐ REQUESTS FOR ISSUANCE OF CHECK (FORM 5)
☐ UNIVERSITY SERVICE DEPARTMENT ORDERS ☐ INVOICE APPROVAL FOR PAYMENT
☐ PAYROLL TIME REPORTING FORMS (SPECIAL ☐ NON-PAYROLL EXPENDITURE ADJUSTMENTS
PAID, PAYROLL TIME SHEETS, ☐ REQUESTS FOR TRANSFER OF PAYROLL EXPENSE
ABSENCE NOTICE FOR SALARY EXCUSED) ☐ (SOP FORM 3)

CATEGORY II DELEGATIONS: AUTHORITY MAY BE DELEGATED TO AN OFFICER REPORTING DIRECTLY TO THE DEPARTMENT HEAD:

DELEGATE TO AN ACADEMICIAN ☐ ACADEMIC PERSONNEL FORMS ☐ NOT RESTRICTED TO ACADEMICIAN:
☐ BUDGET TRANSFERS—ACADEMIC ☐ NONACADEMIC PERSONNEL FORMS
☐ SALARIES (SUB 9) ☐ BUDGET TRANSFERS—OTHER THAN
☐ ACADEMIC DEPARTMENTS—ONLY DELEGATE TO ☐ ACADEMIC SALARIES (SUB 9)
PERSONNEL IN PROFESSIONAL SERIES: ☐ ALL DEPARTMENTAL TRANSACTIONS

APPROVED DEPARTMENT HEAD __________________________ DATE __________________________

71443-108 Signature Authorization