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EXHIBIT A

UNIVERSITY OF CALIFORNIA, SAN DIEGO

SIGNATURE SPECIMEN

SIGNATURE AUTHORIZATION OR CANCELLATION

DISTRIBUTION: FORWARD COPY 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 LISTINGS OF AUTHORIZED PERSONNEL; NO CONFIRMING SIGNATURE 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.

THIS AUTHORIZES _____ BEGINNING DATE _____ THE SIGNATURE OF _____

NAME: FIRST	MIDDLE	LAST	PAYROLL TITLE (EXCLUDE STEP)
ADMINISTRATIVE POSITION:			OTHER
CHAIRMAN	VICE CHAIRMAN	PRINCIPAL INVESTIGATOR	SPECIFY

THIS DELEGATION ESTABLISHES AUTHORIZATION: A TO ACT FOR DEPARTMENT HEAD AT ALL TIMES
 B 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 COLUMNS WITH *

ACCOUNT NAME	*FUND NAME	LOC	ACCOUNT NO.	*FUND NO.	*DEPT NO

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

C <input type="checkbox"/> GENERAL REQUISITIONS D <input type="checkbox"/> MISCELLANEOUS BLANKET AUTHORIZATION PURCHASES E <input type="checkbox"/> UNIVERSITY SERVICE DEPARTMENT ORDERS F <input type="checkbox"/> PAYROLL TIME REPORTING FORMS (SPECIAL PAYROLLS, PAYROLL TIME SHEETS, ABSENCE NOTICE FOR SALARY DEDUCTION)	G <input type="checkbox"/> TRAVEL VOUCHER CLAIMS H <input type="checkbox"/> REQUESTS FOR ISSUANCE OF CHECK (FORM 5) I <input type="checkbox"/> INVOICE APPROVAL FOR PAYMENT J <input type="checkbox"/> NON-PAYROLL EXPENDITURE ADJUSTMENTS K <input type="checkbox"/> REQUESTS FOR TRANSFER OF PAYROLL EXPENSE (DPC FORM 9)
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CATEGORY II DELEGATIONS: AUTHORITY MAY BE DELEGATED TO AN OFFICER REPORTING DIRECTLY TO THE DEPARTMENT HEAD.

DELEGATE TO AN ACADEMICIAN	L <input type="checkbox"/> ACADEMIC PERSONNEL FORMS M <input type="checkbox"/> BUDGET TRANSFERS-ACADEMIC SALARIES (SUB 0)	NOT RESTRICTED TO ACADEMICIAN: N <input type="checkbox"/> NONACADEMIC PERSONNEL FORMS P <input type="checkbox"/> BUDGET TRANSFERS-OTHER THAN ACADEMIC SALARIES (SUB 0)
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ACADEMIC DEPARTMENTS-ONLY DELEGATE TO PERSONNEL IN PROFESSORIAL SERIES: R ALL DEPARTMENTAL TRANSACTIONS

APPROVED DEPARTMENT HEAD _____ DATE _____

71443-108 Signature Authorization