

WHAT AUTHORITY CAN BE GRANTED (OR REMOVED) USING THE TEAM AUTHORIZATION FORM (TAF)?

3a. eFIN Viewing Authorization – eFIN viewing access includes the ability to view transactions at the summary or detailed level, to identify Delegation authority allows a Team Member to approve the

er: Direct purchases generated using the eProcurement module in PeopleSoft; internal

xpenses or

initiate or approve requests for travel expense transfers between authorized projects. All travel expense related transactions can only be approved by the Project Holder or Department Head/ Dean (as applicable) and therefore, cannot be delegated.

3c. Human Capital Management (HCM) Delegation – This authority allows a Team Member to perform ALL of the following functions for Projects specified on the form:

- x Approval of Time – Authority granted to a Team Member to approve hours reported for work done on the Project Holder's accounts and confirm that the hours reported are valid and can be identified to an activity towards the project goals and objectives.

- x Approval of Scholarship Payments– Authority granted to a Team Member to approve award and scholarship payments from the projects that the Project Holder owns.
- x Approval and Initiation of Template Based Hires (TBH)– Authority granted to a Team Member to initiate and approve job appointments of employees that are not required to go through recruitment such as: Casual Hourly; Student Hourly; HOBO Hourly;

TEAMAUTHORIZATION FORM (TAF)

TeamAuthorizationForm(TAF) must be signed and submitted to:

PROJECTHOLDERS may delegate access online through the My UCalgary Portal.

1. PROJECTHOLDER INFORMATION

UCID:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Phone:	<input type="text"/>
Department:	<input type="text"/>			Email:	<input type="text"/>		

2. TEAMMEMBER INFORMATION

UCID:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Phone:	<input type="text"/>
Department:	<input type="text"/>			Email:	<input type="text"/>		

I hereby take responsibility for the assigned authority of the below named Project (ESC and/ or HCM Transactions) per applicable authority and limits. I have KNOWLEDGE of the GRANTING AGENCY REGULATIONS or TERMS OF THE CONTRACT AGREEMENT and have been advised of the APPROVED BUDGET the terms of reference and the general policies and procedures of the University of Calgary. I am aware of the accountabilities associated with the Project(s), and agree to administer the below named Project(s) on behalf of the Project Holder.

Team Member's Signature

Team Member Signed Date: _____

TEAM AUTHORIZATION FORM (TAF)

PROJECT MAINTENANCE
 Financial Reporting
 2500 University Drive NW
 Calgary, AB, T2N 1N4
 Questions:
 (j) v v @ucalgary.ca
 403 r 2 i 0 r 0 i 0 0

Team Authorization Form (TAF) must be signed and submitted to:

(j) v v @ucalgary.ca or

Project Maintenance Financial Reporting

PROJECT HOLDERS may delegate access online through the My UCalgary Portal.

SCHEDULE

Only a computerized printout of the Team Authorization Form with the signature of the Project Holder and Team Member will be accepted (Rubbed stamped signatures are prohibited). Handwritten Project numbers are prohibited and will be returned to the submitter.

a) eFIN VIEWING AUTHORIZATION

Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>

b) FINANCE AND SUPPLY CHAIN MANAGEMENT (FSCM) DELEGATION

Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>

c) HUMAN CAPITAL MANAGEMENT (HCM) DELEGATION

Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>

I have provided all of the Project details to the Team Member specified on this form, and understand that this does not relinquish my accountabilities associated with the Project(s) named above. As Project Holder, I will retain the ability to view and approve transactions for FSCM and HCM in addition to the above named delegate.

Project Holder's Signature

Project Holder Signed Date (DDMMYY)

Processed by:

Date: