

College of Natural Sciences

Temporary Account Supervisor Responsibility Delegation Form

I _____ authorize _____ * to approve documents on my behalf during my absence. I understand that this temporary delegation does not waive my responsibility as PI on my grants.

Authorization Period:

From: _____

To: _____

Account delegate is allowed to approve:

List account(s): _____

Signature

Date

*Account delegation cannot be made to support staff.