**Signing Authority Request Form for Worktag Manager (Grant manager, Program Manager, Gift Manager, Project Manager)**

**Contingent Worker**

It is UBC’s policy generally that only UBC employees can be a Worktag Manager and have signing authority. In the situation when a non-UBC employee (a “contingent worker”) is granted signing authority, the Faculty, Department/Unit Head and (in the case of research grants) the Principal Investigator and Dean (or designate) are accountable for all activities of the Worktag.

By signing this document, the Faculty, Department/Unit and (in the case of research grants) the Principal Investigator acknowledge that the following non-UBC employee has been granted signing authority for the Worktag indicated below. The Faculty, Department/Unit, and Principal Investigator assume full responsibility for the Worktag in the event of any over-expenditure, and/or non-compliant transactions.

By accepting the signing authority, the non-UBC employee agrees to comply with granting agency and UBC policies and procedures and all terms and conditions stated in the grant or contract.

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| --- | --- |
| **FACULTY** |  |
| **DEPARTMENT/UNIT** |  |
| **WORKTAG(S)** |  |

**ACKNOWLEDGMENT BY WORKER (mandatory)**

**The Non-UBC Employee/Contingent Worker for whom the signing authority is being requested**

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Employer:  | Workday Position #:  |
| Email Address:  | Telephone:  |
| Signature: | Date: |

**APPROVAL BY PRINCIPAL INVESTIGATOR (if applicable – research grants only)**

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Telephone:  | Email Address:  |
| Signature: | Date: |

**APPROVAL BY DEPARTMENT/UNIT HEAD (mandatory)**

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Telephone:  | Email Address:  |
| Signature: | Date: |

**APPROVAL BY DEAN OR DESIGNATE (if applicable - research grants only)**

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Job title:  | Email Address:  |
| Signature: | Date: |

**APPROVAL BY ASSOCIATE VICE-PRESIDENT, RESEARCH & INNOVATION (research grants only)\***

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Telephone:  | Email Address: |
| Signature:  | Date: |

**\*this signature is not required for submission of the ticket and will be obtained by the ISC**