**Signing Authority Request Form for Research Grant Worktag**

**Non-UBC Employee/Contingent Worker**

It is UBC’s policy that only UBC employees can be a Grant Manager or have signing authority. In the situation when a non-UBC employee is granted to have signing authority to a Research Grant Worktag, the Faculty, Department/Unit and the Principal Investigator are accountable for all activities of the Research Grant Worktag.

By signing this document, the Faculty, Department/Unit and Principal Investigator acknowledge that the following non-UBC employee has been granted signing authority for the Research Grant Worktag indicated below. The Faculty, Department/Unit, and Principal Investigator assume full responsibility for the Research Grant Worktag in the event of any over-expenditure, and/or non-compliance 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** |  |
| **RESEARCH GRANT WORKTAG** |  |

**IDENTIFICATION**

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

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

**REQUEST BY PRINCIPAL INVESTIGATOR**

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

**APPROVAL BY DEPARTMENT/UNIT HEAD**

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

**APPROVAL BY FACULTY (DEAN)**

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

**APPROVAL BY ASSOCIATE VICE-PRESIDENT, RESEARCH & INNOVATION**

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