

# TEAM AUTHORIZATION FORM (TAF)

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

[finance@ucalgary.ca](mailto:finance@ucalgary.ca) or  
Project Maintenance, Financial Reporting

-----ALTERNATIVELY-----

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

## INSTRUCTION SHEET – HOW TO COMPLETE YOUR TEAM AUTHORIZATION FORM

1. Complete all the Project Holder information to provide appropriate identification.
2. Complete all the Team Member / Employee information to provide appropriate member's identification. To be valid, Team Member must sign to acknowledge their delegated authority and responsibility.
3. Sections 3a and 3b must be completed as required for all Finance and Supply Chain Management (FSCM) transactions (expenses). Section 3c must be completed for all Human Capital Management (HCM) transactions.
  - a. Must be completed if eFIN Viewing is being granted. Please specify Activity Code (select "All" for all activities) and choose the level of access for Accounts.
  - b. Must be completed to delegate authority to approve FSCM transactions. Note eFIN Viewing must be granted access to All Activities and All Accounts.
  - c. Must be completed as required to delegate authority for HCM transactions. Note eFIN Viewing must be granted access to All Activities and All Accounts.
4. **The Team Authorization Form (TAF) must be signed by the Project Holder and Team Member. Only a computerized print-out TAF with signatures will be processed. Rubber-stamped signatures are not permitted.**

**Note:** Only 1 Team Member can be added with each Team Authorization Form.

## 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 project employees, and to generate a number of reports for the authorized projects. eFIN Viewing access can be defined for specific Activity codes or specific types of Accounts on the Project. The level of access for Accounts must be chosen from the drop down list that includes: **ANY** which allows eFIN viewing access to all account transactions; **Non Salary** which allows eFIN viewing access to all accounts transactions except Salary and Benefits; and **Salary and Benefits** which allows eFIN viewing access to only Salary and Benefits account transactions. Note that the report generation is only available for projects where Team Members have been granted full eFIN viewing access.

**3b. Finance and Supply Chain Management (FSCM) Delegation** – This authority allows a Team Member to approve the following on behalf of the Project Holder: Direct purchases generated using the eProcurement module in PeopleSoft, internal charges processed through interdepartmental billings (IDB's) and journal entries for expense corrections.

Note: The Project Holder can retain and not lose the ability to view and approve the above mentioned transactions.

**The Team Member must be granted eFIN Viewing Authorization to all accounts for all projects and / or activities specified for the Team Member.**

Note: This does not include the authority to confirm relevance of travel to the project being charged for travel expenses, 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:

- **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.

- **Approval of Scholarship Payments** – Authority granted to a Team Member to approve award and scholarship payments from the projects that the Project Holder owns.
- **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 AUPE-Hourly; Student AUPE-Hourly; FHOB0-Hourly; FHOB0-Salaried; Postdoctoral / Postgraduate; Reader Demonstrators / Non Credit Teaching-Hourly; Reader Demonstrators / Non Credit Teaching-Salaried; Student Programs-Hourly; Student Programs-Salaried; Visiting Research Scholars; Sessionals; Student Scholarships; Graduate Assistantships; and Graduate Students-Fixed Term.
- **Approval and Initiation of Hires via a Job Opening Request Form** – Authority granted to a Team Member to initiate the hiring process and approve job appointments of employees that will have to go through posting / recruitment such as: Operating Funded Salaried AUPE and MaPS jobs including Regular, Sessional, Limited Term, Temporary Relief, Coach; Operating Funded Recurring Part-Time AUPE and MaPS jobs including Fixed Term and Fixed Short Term jobs; Continuing, Contingent and Limited Term Academic Appoints; and Senior Leadership Term Appointments.
- **Approval of Job Changes** – Authority granted to a team member to approve changes to current job appointments (change in salary rates, period duration and source of payments) for all employees charged to the projects of the Project Holder. It is important to note that initiation of Job Changes can only be done by the employee's Reports to Manager, or by an HR Forms Administrator with appropriate department level access.
- **Approval of Salary Recoveries** – Authority granted to a Team Member to approve Salary Recoveries for the projects that the Project Holder owns.

Note: For HCM transactions, the Project Holder retains and does not lose the ability to view and approve any or all of the above transactions even if he / she has delegated to a Team Member.

**\*\*\*IMPORTANT** – Only a computerized print-out of this form with the signature of the Project Holder and Team Member will be accepted (Rubber-stamped signatures are prohibited). Hand-written Project numbers are prohibited and will be returned to the submitter.\*\*\*

- This form can be completed at the initial start of a project, or at any time during the active life of the project.
- Obtain a copy of this form from the Finance website.
- Complete the appropriate area(s) of the form to grant (or remove) authorization / delegation.
- One form is required for each Team Member who is being granted (or removed) access to view or approve transactions.
- Obtain the original signature of the Team Member being provided access and authority must be on the form and submitted to Project Maintenance to comply with audit requirements.
- Where access or authority is being removed, the Team Member is not required to provide their approval signature.
- Where access or authority is being granted (or removed) for more than 4 projects, please use Schedule 1 to list additional project numbers that are to be included in the request.
- The Project Holder must complete Section 4, Project Holder Declaration and Approval Signature, for all Team Authorization Forms and Schedule 1 (if applicable). Original signatures of the Project Holder must be on the form(s) and submitted to Project Maintenance to comply with audit requirements.

**\*\*\*IMPORTANT** – This form grants (or removes) viewing or approving authorities with respect to the accounts of specified Projects. It does not provide system access to the University of Calgary portal, PeopleSoft eProcurement or any other PeopleSoft modules. All employees who are being considered to be granted authorities as described below must first apply for systems access by contacting Information Technologies either via (403) 210-9300 or accessing the online service request at <http://www.ucalgary.ca/it/help> and selecting PeopleSoft.\*\*\*

## REMINDERS

- All applicable sections and signatures must be completed before your request will be processed.
- Where authorization and delegation is being granted for more than 4 Projects, please include the Schedule 1 attachment.
- Only a computerized print-out of the Team Authorization Form with the signature of the Project Holder and Team Member will be accepted (Rubber-stamped signatures are prohibited).
- Hand-written Project numbers are prohibited and the Team Authorization Form will be returned to the submitter.

**For Questions or HELP with the completion of the Team Authorization Form, please contact (403) 210 - 9300 or [finance@ucalgary.ca](mailto:finance@ucalgary.ca).**

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## 1. PROJECT HOLDER 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. TEAM MEMBER 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(s) FSCM and / or HCM Transactions as per applicable authority and limits. I have KNOWLEDGE of the GRANTING AGENCY REGULATIONS and / 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 (YYYY/MM/DD)

## 3. COMPLETE TO ADD OR REMOVE TEAM MEMBER AUTHORIZATION (Please see instructions page)

**Schedule 1 Included (if there are more than 4 Project(s) being added or removed):**

If Yes, list continues on Schedule 1

### 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"/> |

### b) FINANCE AND SUPPLY CHAIN MANAGEMENT (FSCM) DELEGATION

|            |                      |         |                      |                          |   |
|------------|----------------------|---------|----------------------|--------------------------|---|
| Project #: | <input type="text"/> | Action: | <input type="text"/> | <input type="checkbox"/> | Select YES if Project Holder would like to retain the ability to view and approve transactions in addition to the above-named delegate. |
| Project #: | <input type="text"/> | Action: | <input type="text"/> | <input type="checkbox"/> |   |
| Project #: | <input type="text"/> | Action: | <input type="text"/> | <input type="checkbox"/> |   |
| Project #: | <input type="text"/> | Action: | <input type="text"/> | <input type="checkbox"/> |   |

### 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"/> |

I have provided all of the Project details to the Team Member specified on this form, and I 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 (YYYY/MM/DD)

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## SCHEDULE 1

**\*\*\* Schedule 1 is only valid as an attachment to the original signed Team Authorization form. Not applicable as a standalone document.\*\*\***

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### 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"/> |
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| 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 I 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 (YYYY/MM/DD) \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_