

# TEAM AUTHORIZATION FORM (TAF)

## STUDENT RESEARCH ALLOWANCES

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 of the Awardee information to provide appropriate identification. **The Awardee is the student to whom the Research Allowance has been granted.**
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).
  - 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.
4. **The Team Authorization Form (TAF) Student Research Allowances must be signed by the Awardee. 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 Awardee: Direct purchases generated using the eProcurement module in PeopleSoft, internal charges processed through interdepartmental billings (IDB's) and journal entries for expense corrections. Once delegated, the Awardee loses the ability to view and approve the above mentioned transactions. In order to retain these functions, appropriately mark the box on Section 3b of the form. **This authority also provides automatic eFIN viewing access 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 research 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 and therefore, cannot be delegated.

**\*\*\*IMPORTANT – Only a computerized print-out of this form with the signature of the Student / Awardee 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.
- The Awardee must complete Section 4, Awardee Declaration and Approval Signature, for all Team Authorization Forms. Original signatures of the Awardee must be on the form and submitted to Project Maintenance to comply with audit requirements.
- Forward or email the signed Team Authorization Form (TAF) Student Research Allowances to:

[finance@ucalgary.ca](mailto:finance@ucalgary.ca) or

Project Maintenance, Financial Reporting

## REMINDERS

- All applicable sections and signatures must be completed before your request will be processed.
- Only a computerized print-out of the Team Authorization Form with the signature of the Awardee 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.

**\*\*\*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.\*\*\***

**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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PROJECT MAINTENANCE  
Financial Reporting  
2500 University Drive NW  
Calgary, AB, T2N 1N4  
Questions:  
finance@ucalgary.ca  
(403) 210 - 9300

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### 1. STUDENT / AWARDEE 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) 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 Awardee.

Team Member's Signature \_\_\_\_\_

Team Member Signed Date (MM/DD/YYYY) \_\_\_\_\_

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

#### 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"/>

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

Project #:	<input type="text"/>	Action:	<input type="text"/>	<input type="checkbox"/>	Select YES if Awardee 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"/>		

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 Student / Awardee, I will retain the ability to view and approve transactions for FSCM and HCM in addition to the above-named delegate.

Student / Awardee's Signature \_\_\_\_\_

Student / Awardee Signed Date (MM/DD/YYYY) \_\_\_\_\_

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

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