

# Human Subject Payment

## Approver Authorization Request Form University of Florida

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

This form is designed for departments needing to setup authorized approvers to review and approve/deny Study Fund Requests for the Human Subject Payment system in myUFL.

### Department Manager

Name:	_____	UFID:	_____
Signature	_____		

Note: Department Manager is defined as Dean, Director, Dept. Head or Designee.

### Study Fund Request Approvers (with security role UF\_FI\_HSP\_SFR\_Approver)

There should be at least 2 for each department and 2 at the college level.

Name:	_____	UFID:	_____
Name:	_____	UFID:	_____
Name:	_____	UFID:	_____
Name:	_____	UFID:	_____

### Department IDs

List all Dept IDs to which these approvers are associated. Use an "x" for wild card values (such as 2905xxxx for all depts. that begin with 2905)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department Contact's Name: \_\_\_\_\_ UFID: \_\_\_\_\_

Department Contact's Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Upon completion, please scan and email to Cost Analysis at [hsp@admin.ufl.edu](mailto:hsp@admin.ufl.edu) or fax to (352) 392-4687. Direct any questions to (352) 392-5778.

**Please be sure that the people listed have requested the UF\_FI\_HSP\_SFR\_Approver role through their DSAs.**