

# Research Participant Payments

## 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 Research Participant 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\_RPP\_SFR\_APPROVER)

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

Name:		UFID:	
Name:		UFID:	
Name:		UFID:	

### Approver Removal (List approver(s) needing to be removed if applicable)

Name:		UFID:	
Name:		UFID:	

### Department IDs

List all Dept IDs to which these approvers are associated.


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) 273-0445 or (352) 294-1136.

**Please be sure that the individuals listed have requested the UF\_FI\_RPP\_SFR\_APPROVER role through their DSAs. (Department Security Administrator)**