



## Position Approval Authority - Temporary Absence

**As position holder, I hereby grant approval authority for expenditures during my absence to:**

<b>Name of Delegate</b>	<b>Employee ID</b>	<b>Title</b>
<b>Department</b>	<b>Email</b>	<b>Phone Number</b>

**Department Contact (complete as applicable):**

<b>Name</b>	<b>Email</b>	<b>Phone Number</b>
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**Period of Absence:**

<b>From:</b> (dd-mmm-yyyy)	<b>To:</b> (dd-mmm-yyyy)
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**Acting in the position of:**

<b>Title:</b>
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- 1) Approval authority within my expenditure limit will apply to the following active FAST accounts and will remain in effect for the indicated start and end dates, unless otherwise notified in writing

FUND	ORG

**OR**

**FUND/ORG Range:** \_\_\_\_\_  
 \_\_\_\_\_

- 2) I hereby accept all responsibilities as noted above

<b>Signature of Delegate:</b>	<b>Date:</b> (dd-mmm-yyyy)
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- 3) I understand that although I have granted approval authority during the absence, I retain budget responsibility for all transactions.

<b>Name of Position Holder:</b>	<b>Employee ID</b>	<b>Signature of Position Holder:</b>	<b>Date:</b> (dd-mmm-yyyy)
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A scanned copy of the fully signed form must be sent to: **Purchasing Services - [purchase@uvic.ca](mailto:purchase@uvic.ca)**