

Procedure Guidelines and Business Process Guide

Department: Campus Wide
Procedure Title: UCP Signature Authorization Update Form DocuSign Walkthrough Guide
Date: 05/01/2017

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Requestor Process:

1. Click on the UCP Signature Authorization Update Form link to launch the DocuSign PowerForm.
2. Complete all of the required fields, marked with a red asterisk, entering each signer’s Cal Poly email address:

PowerForm Signer Information

Please designate the "Fund Director" and appropriate "Dean, Assoc. Dean, or Vice President" to approve this fund update.
Optional: You can add an administrative/budget department reviewer if applicable. This department review occurs after the "Fund Director" has signed, but before it goes for final approval.
Questions? Please call UCP at 805-756-5164.

Please enter your name and email to begin the signing process.

Your Role:
Requester *

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:
Fund Director *

Name:
Fund Director Name

Email:
funddirectoremail@calpoly.edu

Role:
Department Reviewer

Name:

Email:

Role:
Dean/Assoc Dean/AVP *

Name:
Dean Name

Email:
deanemail@calpoly.edu

[Begin Signing](#)

3. There is an optional field to add an administrative/budget department reviewer if applicable or required by your college. The department reviewer will receive the UCP Signature Update Form for review after the Fund Director signs the document:

Role:
Department Reviewer (Optional)

Name:
Optional Reviewer Name

Email:
optionalreviewer@calpoly.edu

4. After completing the signer information, click the "Begin Signing" button:


Role:
Dean/Assoc Dean/VP



Name:

Email:

5. Click the disclosure box to begin filling out the form:

Please Review & Act on These Documents


 **University Campus Programs**
Cal Poly San Luis Obispo

 **CAL POLY**
Powered by 

Please read the [Electronic Records and Signature Disclosure](#).
 I agree to use electronic records and signatures.

DocuSign Envelope ID: 68D0E1CE-08F0-49DC-96A0-92404F0587A7

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www.docusign.com

 **UNIVERSITY CAMPUS PROGRAMS**
SIGNATURE AUTHORIZATION UPDATE FORM

FUND DETAILS

Fund Name: Fund Director Name:

Fund Number: Title:

SIGNATURE AUTHORIZATION

List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate

6. Complete each required field in the red boxes. There are "Smart Tags" attached to each field to help explain what is necessary in each field:

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**UNIVERSITY CAMPUS PROGRAMS
SIGNATURE AUTHORIZATION UPDATE FORM**

FUND DETAILS

Required - Must be 30 characters or less

Fund Name: Testing Update Form Fund Director Name: Fund Director

Fund Number: 12345 Title: Fund Director Title

SIGNATURE AUTHORIZATION

List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.

Optional Signer 1 <small>Name</small>	Optional Signer 3 <small>Name</small>	<small>Name</small>	<small>Name</small>
Optional Signer 2 <small>Name</small>	<small>Name</small>	<small>Name</small>	<small>Name</small>

UPDATE APPROVALS

NEW FUND REVIEW AND APPROVAL - By signing this update, I hereby authorize and assign the ownership of the University Campus Program Fund and/or activity described herein to the University, and agree to adhere to all terms and conditions of the original agreement. I also agree that all expenses charged to this fund shall be for a bona fide University business purpose. Please note that UCP funds with no income or expenditure activity over a period of 12 months are subject to closure and transfer to another UCP fund with similar spending restrictions.

PLEASE NOTE: If the Fund Director **does not** wish to delegate signature authority, **he/she must still sign the bottom of this form and obtain a signature from the Dean or Associate Dean.**

7. Optional: list any additional authorized signers for the UCP fund. Signers listed below will supersede all previous UCP signature authorizations:

SIGNATURE AUTHORIZATION

List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.

Optional Signer 1 <small>Name</small>	Optional Signer 3 <small>Name</small>	<small>Name</small>	<small>Name</small>
Optional Signer 2 <small>Name</small>	<small>Name</small>	<small>Name</small>	<small>Name</small>


- Once all of the fields are complete, click the “Finish” button and the form will be sent to the Fund Director to review and sign:

Done! Select Finish to send the completed document.

FINISH

DocuSign Envelope ID: 68D0E1CE-08F0-49DC-96A0-92404F0587A7

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 **UNIVERSITY CAMPUS PROGRAMS
SIGNATURE AUTHORIZATION UPDATE FORM**

FUND DETAILS

Fund Name: Fund Director Name:


Fund Number: Title:

SIGNATURE AUTHORIZATION

List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.

<input type="text" value="Optional Signer 1"/> Name	<input type="text" value="Optional Signer 3"/> Name	<input type="text"/> Name	<input type="text"/> Name
<input type="text" value="Optional Signer 2"/> Name	<input type="text"/> Name	<input type="text"/> Name	<input type="text"/> Name

- Optional: save a copy of the unsigned form for your records by clicking the “Show Document” button. A PDF version of the form will download for you to save or print:



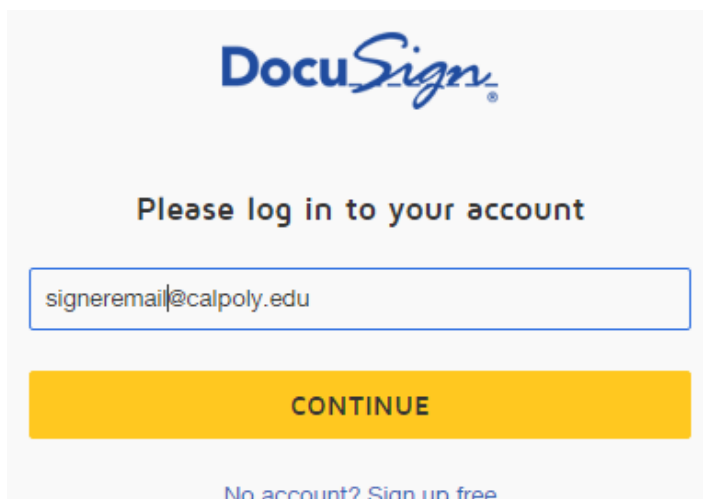
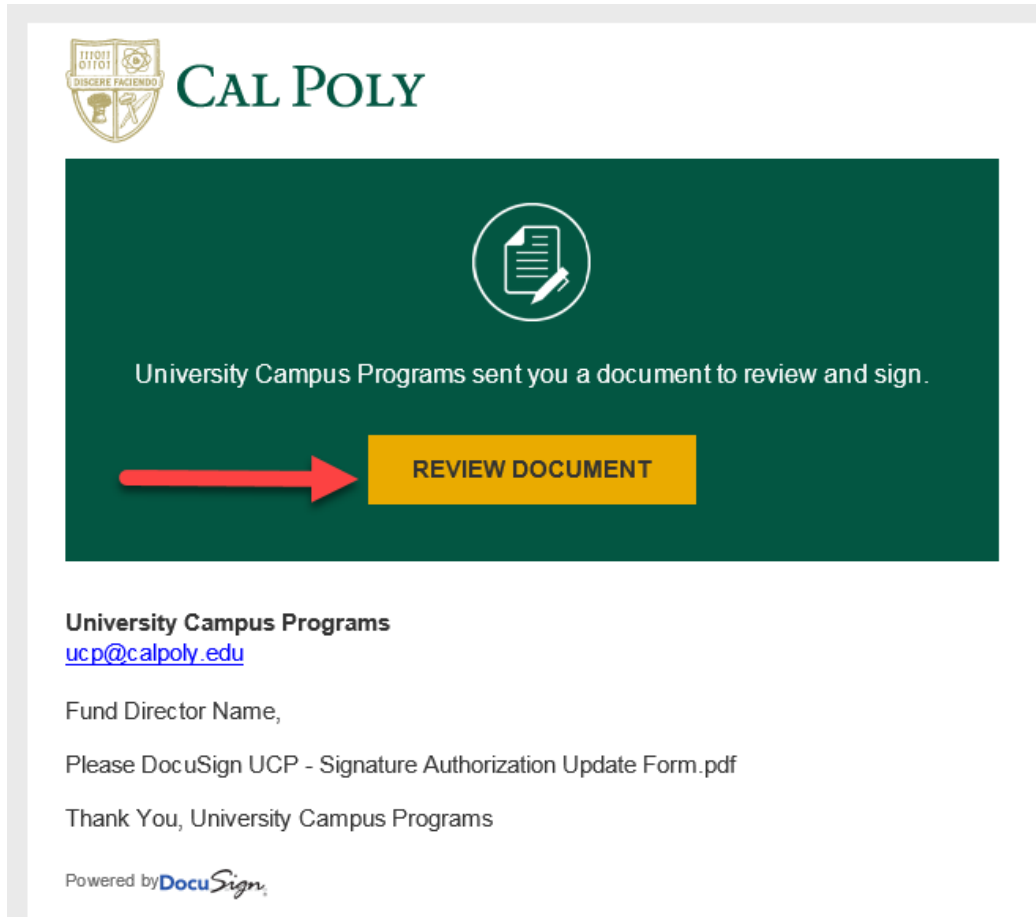
Thank you.

Your document has been signed. If you would like a copy for your records, select **Show Document** and print or save.

[Close](#)

Signer Process

- Each signer will receive an email, automatically generated from University Campus Programs. The signer needs to click on the “Review Documents” button in the email and login to DocuSign with their Cal Poly email. They will then login to their Cal Poly portal as prompted:



CAL POLY

SAN LUIS OBISPO

Username Password

[Need Help?](#)

11. Each signer will review the document for accuracy. If approved, they will click on the “Sign” prompt which will import their signature:

Fund Name: Testing Update Form Fund Director Name: Fund Director

Fund Number: 12345 Title: Fund Director Title

SIGNATURE AUTHORIZATION			
List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.			
<u>Optional Signer 1</u> Name	<u>Optional Signer 3</u> Name	Name	Name
<u>Optional Signer 2</u> Name	Name	Name	Name

UPDATE APPROVALS
NEW FUND REVIEW AND APPROVAL - By signing this update, I hereby authorize and assign the ownership of the University Campus Program Fund and/or activity described herein to the University, and agree to adhere to all terms and conditions of the original agreement. I also agree that all expenses charged to this fund shall be for a bona fide University business purpose. Please note that UCP funds with no income or expenditure activity over a period of 12 months are subject to closure and transfer to another UCP fund with similar spending restrictions.
PLEASE NOTE: If the Fund Director does not wish to delegate signature authority, he/she must still sign the bottom of this form and obtain a signature from the Dean or Associate Dean.

DocuSigned by:
Fund Director Name 5/1/2017
Fund Director Signature Date

Dean/Asst Dean/VP Signature 5/1/2017
Date

Title

DEPARTMENT REVIEW
Your Name
Requester — DS <u>DR</u>
Dept-Reviewer
Department Reviewer

12. Signers will need to adopt or upload a signature the first time they sign in:

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name **Initials**

[Select Style](#) [Draw](#)

PREVIEW [Change Style](#)

DocuSigned by: *Dean Name* DS
01100965C173465... *DN*

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

DEPARTMENT REVIEW

Your Name
Requester
Dept-Reviewer
Department Reviewer

13. A signer may choose to decline approval or to further review the document at a later time by clicking on the drop down field in the top right corner called "Other Actions"

id your signature. **FINISH** **OTHER ACTIONS**

Finish Later
Decline to Sign
Cal Poly Support
About DocuSign
View History
View Certificate (PDF)

Fund Name: Testing Update Form Fund Director Name: Fund Director
Fund Number: 12345 Title: Fund Director Title

SIGNATURE AUTHORIZATION

List employees authorized to approve expenditures on this fund other than the Fund Director, Deans, and Associate Deans. Any expenditure involving reimbursement directly to the Fund Director requires approval from their supervisor.

Optional Signer 1 Optional Signer 3
Name Name Name Name
Optional Signer 2
Name Name Name Name

- a. If a signer declines to sign they must provide a reason:

Decline to Sign

Please provide a reason for declining:

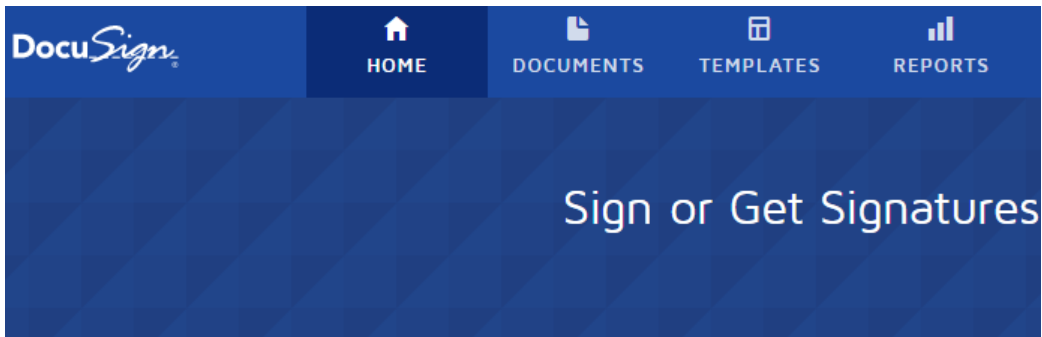
I do not approve of "Optional Signer 3" as an authorized signer on this UCP fund.

419 characters remaining

DECLINE TO SIGN

CANCEL

- b. If a signer chooses to finish the document later, it will show in the signer's DocuSign menu as an "Action Required" and in their Documents queue:



OVERVIEW

Last 6 Months

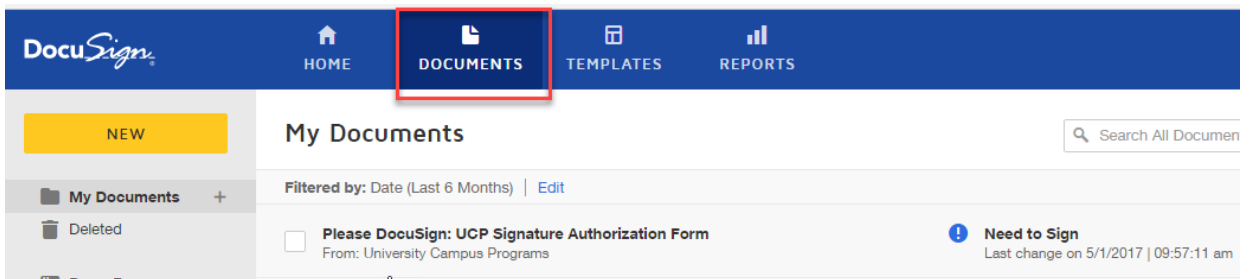
! Action Required

1 >

WHAT'S NEW

Shared Template Folders

Share collections of templates quickly individuals and groups by adding a shared folder. [More Info](#)



14. If you have any questions about the form, please contact Netherly Martinek at ucp@calpoly.edu 756-5164.

Revision History			
Date	By	Action	Pages
MM/DD/YY			