

**Health Sciences Research Centre
 Research Activity Request Form – Amendment to Delegated Signing Authority**

To be completed by Principal Investigator:

Investigator:	
Short Title of Study / Project:	
Existing AU- Activity Number	

Currently I have delegated signing authority (not my responsibilities) to:

	Name	Job Title	Limit (\$)
1.			
2.			
3.			

I would like to add/change delegate signing authority (not my responsibilities)

I would like to increase the delegated signing authority (due to change of role /position) to:

	Name	Job Title	Signature	Limit (\$)
4.				
5.				
6.				

I understand and agree to abide by the responsibilities assigned to me as noted on the Health Sciences Research Centre Research Activity Request Form.

PI Signature: _____

Date: _____

To be completed by Research Administration Office:

SMH Research Finance Manager Approval: _____

SMH ORA Director Approval: _____