**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMO TO**: acctchange@uhfoundation.org OR UH Foundation Fiscal Office

 P.O. Box 11270, Honolulu, HI 96828

**FROM**: *Name, Title, Dept./College/Campus*

 *Email, Phone #*

**SUBJECT**: Change in Support Staff Authorization

Please revise the Support Staff Authorization for UHF Account(s):

 [ ]  *#XXX-XXXX-X – Name of Project*

 *OR*

[ ]  See attached list

|  |  |  |
| --- | --- | --- |
|  | **REMOVE** | **ADD** |
| **Name:** |  |  |
| **Title:** |  |  |
|  | [ ]  Retired/No Longer Employed |  |
| **Phone #:** |  |  |
| **Hawaii.edu email:** |  |  |
| **UH User ID:***Used to sync w/ STAR System*  |  |  |
| **UHF USE ONLY** |
| **PEID:** | SUP | SUP |

**Reason for Change**:

**Authorized by:**

(Only current account administrators, chancellors, deans, and directors can authorize changes)

Name, Title

\*\*Acceptable forms of signatures: 1) electronic signature accompanied by an audit report to verify the signature route or an embedded valid digital certificate, 2) PDF version of scanned document with wet signature. Documents with clipped images of signatures are NOT valid.