UTHealth | ST★RT

Date [ ]

Delegation Access Request
Submit completed form to SystemsReporting@uth.tmc.edu.

Requestor Information (Requestor cannot be the Delegate)
An individual being named as a delegate cannot request this designation him/herself.

Requestor Name: [ ]   Department(s) Name: [ ]

Phone: [ ]   E-Mail: [ ]

Select the appropriate access level in the below section:
Privileges to view or edit assigned records and receive e-mail routing notifications.

Module	Record Access	Batch Communications	Routing	Action Items
○ Agreements	○ View ○ Edit	☐	☐	☐
○ Proposal Development	○ View ○ Edit	☐	☐	N/A
○ Proposal Tracking	○ View ○ Edit	☐	N/A	☐
○ Subawards	○ View ○ Edit	☐	☐	☐
○ Subrecipients	○ View ○ Edit	☐	☐	☐

Messages: **Work Queue:** **Calendar:**

○ View ○ View ○ View ○ Add

○ Hide ○ Hide ○ Edit ○ Delete

Provide Delegation Authority to:
Enter the name(s) of the person(s) to provide Delegation Authority to.

[ ]

Delegation Approval:
This section must be completed by the person approving the requested delegation.

☐ By checking this box, I approve the listed individual(s) to be the designated person for the selected modules.

Delegation Approver Signature: [ ]   Date: [ ]

S&R Signature: [ ]   Date: [ ]