

RFMH - WEBFTASK - DEPARTMENTAL DESIGNEE ACCESS AUTHORIZATION FORM

Location: NYSPI- NKI- IBR- ALBANY-

Designee Information		Social Security # (Required for Non-RFMH Employees):	
Name	Signature	Email	Phone

Account Authorization Information						
Principal Investigator Email / Phone (Print)	Account Access	WebFTask w/ Salary Info	WebFTask w/o Salary Info	Access Period	PI Approval Signature	Authorized Administrator Signature
	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
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	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
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	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
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	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		
	All Accounts	<input type="checkbox"/>	<input type="checkbox"/>	Until Further Notice		

Department Chief Signature :	Department Chief Phone :
Department Chief Email :	Date :