

USF Staff Registration Form

Staff member to complete sections A and B.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____
 Department: _____ Title: _____
 Tampa Campus Mail Drop: _____
 Mailing Address (if not on Tampa campus) : _____
 Phone: _____ Fax: _____ Email: _____
 Will you be requesting accommodations of a disability? Yes No

COURSE INFORMATION

Session: _____
 Title: _____
 Dates: _____ Times: _____ Fees: _____

PAYMENT INFORMATION

All payments must be authorized by accountable officer and enrollment approved by immediate supervisor.
 Complete the interdepartmental transfer payment information.

Interdepartmental Transfer

Business Unit: _____
 Budget Period: _____
 Operating Unit: _____
 Department: _____
 Fund*: _____
 Account: _____
 Product: _____
 Initiative: _____

Project Information (complete only if grant funded)

Project Code Bus.Unit: _____
 Project: _____
 Activity ID: _____
 Resource Type: _____
 Resource Category: _____
 Resource Subcategory: _____

*If grant funded then project information must be completed.

AUTHORIZATION

Accountable Officer Authorization

Registration will not be processed if funds are not budgeted.

All funds must be available in budget category 88800 or corresponding grant category.

Date: _____ Signature: _____ Print Name: _____

Immediate Supervisor Approval

Date: _____ Signature: _____ Print Name: _____

