Western University of Health Sciences

WORKDAY FINANCIAL COORDINATOR AUTHORIZATION FORM

Operating, Capital, Salary Budget

Fiscal Year 2026 / 2027

Please complete the form and e-mail to FP&A@westernu.edu and copy your Dean/Department Head.

Dean / Director / Vice President	Organization Number	Organization Name	Designated Financial Coordinator	*Please check the necessary boxes to indicate user access. Workday Budget Development	Workday Personnel Planning
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Coordinator Signature **Date**

Department Head Signature **Date**