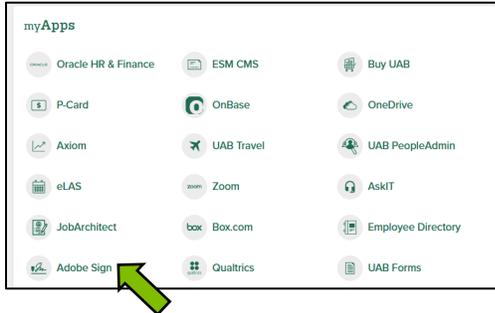
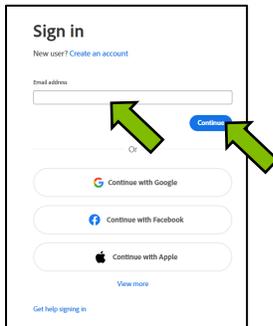


## Adobe Sign-Submitting a Document for Approval

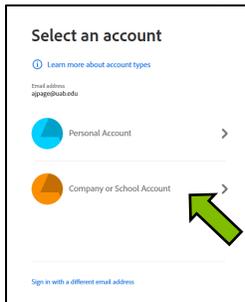
Log into myUAB using your BlazerID and strong password. Once at the home screen, please select from myApps Adobe Sign.



Enter in your UAB email address and click 'Continue.'



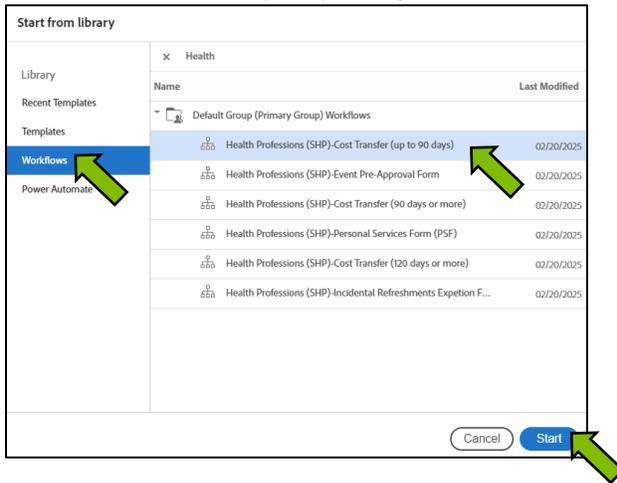
Select click 'Company or School Account.'



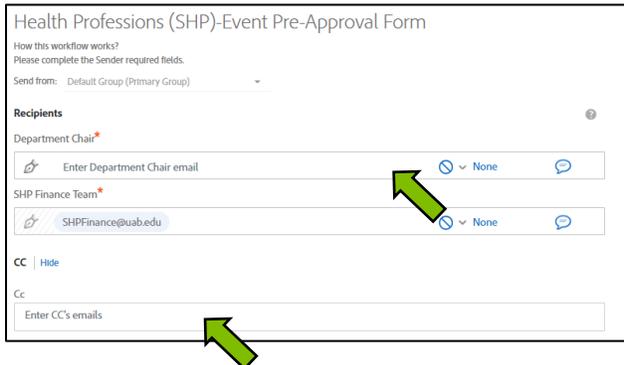
Click 'Start from library.'



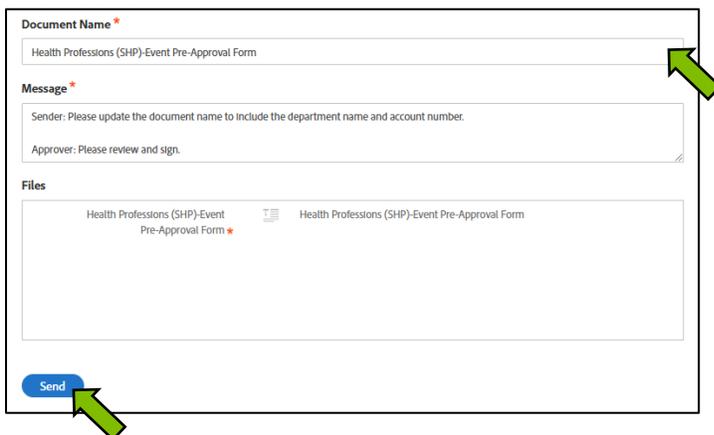
Click 'Workflows,' type in 'Health Professions' in the search box and select the appropriate 'Health Professions (SHP)' template and click 'Start.'



The following screen will appear. Enter in the Department Chair's email into the workflow path for approval. If you need to add additional emails to this approval form enter it into the CC field. Note: You will not be able to add yourself. Add the department name and account number to the Document Name. Example: Dean- 1234567: Health Professions (SHP)-Event Pre-Approval Form.



Add the department name and account number to the 'Document Name.' Example: Dean- 1234567: Health Professions (SHP)-Event Pre-Approval Form. Click 'Send'



Please complete the fields on the form.

**UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM** Personal Services Form

FILE: Blaze Flyer.docx

This form is used to request an individual be paid as an independent contractor per the UAB Personal Services Policy. The form should be completed by the UAB department and submitted to [grn-psf@uab365.onmicrosoft.com](mailto:grn-psf@uab365.onmicrosoft.com) PRIOR to the services being performed.

**I. PAYEE INFORMATION**

NAME: Blaze T. Dragon TERMINAL DEGREE (if any): PhD (e.g. MD, DMD, PHD, DVM)  
 ADDRESS: 1400 University Blvd CITY: Birmingham STATE: AL ZIP: 35294  
 Does this individual have any past or present relationship to UAB? Yes No If Yes, Employee ID# NA  
 Is the individual currently receiving retirement benefits from TRS? No Is Payee a US Citizen? Yes

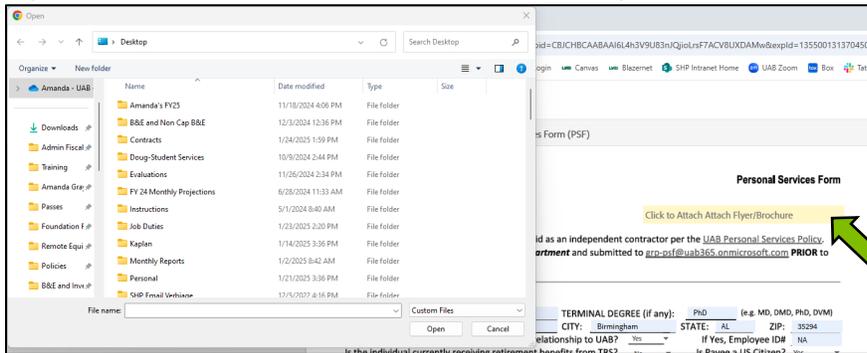
**II. SERVICE INFORMATION**

Period(s) during which service is to be rendered (Limit to 1 year): Begin: 01/01/2025 End: 12/31/2025  
 \*\*Total estimated payments: \$ 25,000.00 \*\*Travel reimbursements should NOT be included in the estimated pay value  
 Review <https://www.uab.edu/financialaffairs/policies/contract-requirements> for contract routing requirements  Contract Required  
 Nature/Frequency of Payments: Monthly  
 Location (state and country) where services will be performed: UAB  
 Is the service a lecture: Yes If YES – Attach flyer/brochure If NO – Provide detailed description of service below:  
 Speaking about the UAB football program.

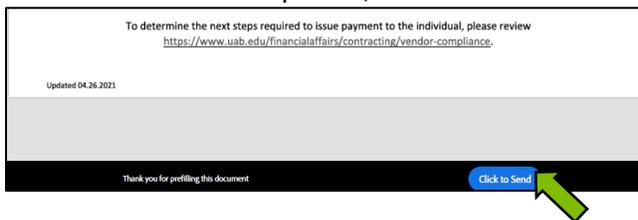
**III. PLEASE SELECT YES (Y) OR NO (N) FOR ALL NON-LECTURE SERVICES:**

Will UAB have a legal right to control how the service is performed or require compliance with UAB instructions? No  
 Will the individual be supervising or directing UAB employees as part of the service provided? No  
 Will the individual be providing his/her own equipment/tools/materials? No  
 Will UAB employees provide training to the individual on how to perform the service? No  
 Does the individual provide the same service to the public (other businesses) as part of a trade or business? No  
 Will UAB require the individual to be present in University at certain times/days to perform the service? No

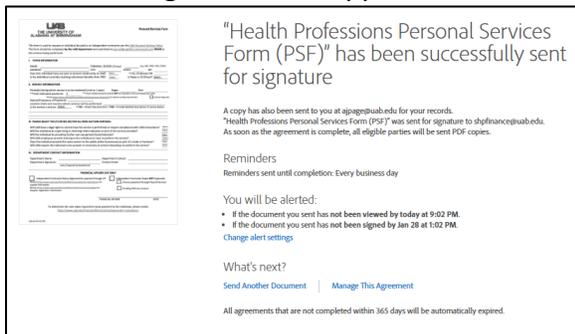
If you need to attach a form, click the 'Attach Flyer/Brochure' and choose the appropriate file.



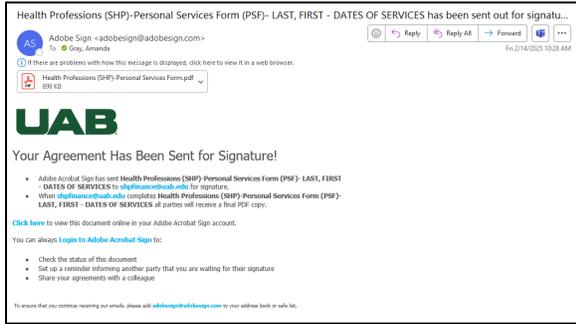
Once the form is completed, click the 'Click to Send' button.



The following screen will appear with notification the form has been sent for signature.



You will receive an email notification the form has been sent for signature.



You will receive an email notification the form has been signed and filed.

