TIME ENTRY APPROVER / DEPARTMENT TIME ORIGINATOR AUTHORIZATION FORM

I APPROVER/ ORIGINATOR PERSONAL INFORMATION

Employee Name: Last First Middle M-Number

Campus Address (Building/Room #) Campus Phone Department or Office

II ROLE ASSIGNMENT

Check One:
❑ Approver
❑ Department Time Originator
❑ Approver AND Department Time Originator

Effective Date_____(This date should be at the start of a Pay Period, i.e. the 1st or 16th of the month)

III ASSIGNMENT TYPE

Check One:
❑ Interim
❑ Permanent

Is this a replacement Approver/Originator? ❑Yes ❑No
If Yes, for whom? _____
Replacement for (Name)

IV EMPLOYEES ASSIGNED TO APPROVER/ ORIGINATER

(continuation for additional entries)

Last Name	First Name	M-Number	Time/Leave Entry Type		
			Time Sheet	Leave Report	Dept. Time Entry
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑

V COMMENTS

_____
_____
_____

Payroll Use Only

Initial & Date_____

TSØ# _____

Beginning Payroll Number _____

VI APPROVAL

_____
Department Head/Director (Print)

_____ _____
Signature Date

HUMAN RESOURCES 10/09 | 1. Payroll (White) | 2. Employee Development (Blue) | 3. Computer Services (Goldenrod) | 4. File (Pink) | 5. Department (Green) | 6. Employee (Yellow)

Retain Copies 4 – 6 for your records. Please forward Copies 1 – 3 to Payroll