

**TIME ENTRY APPROVER / DEPARTMENT TIME ORIGINATOR
AUTHORIZATION FORM**

I APPROVER/ ORIGINATOR PERSONAL INFORMATION	Employee Name: Last First Middle M - Number					
	MSU Email Address Department or Office Campus Phone					
II ROLE ASSIGNMENT	Check One: ☐ Approver ☐ Department Time Originator Required: All Approvers and Originators need a designated proxy. Proxy Employee Name: Last First Middle M - Number					
III ASSIGNMENT TYPE	Check One: ☐ Interim ☐ Permanent Is this a replacement Approver/Organator? ☐ Yes ☐ No If Yes, for whom? _____ Name & M - Number Effective Date _____ (mm/dd/yyyy) This date should be at the start of a pay period, e.g. 1 st or 16 th					
IV EMPLOYEES ASSIGNED TO APPROVER/ ORIGINATOR (continuation for additional entries)				Time/Leave Entry Type		
	Last Name	First Name	M - Number	Time Sheet	Leave Report	Dept. Time Entry
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V COMMENTS						
Payroll Use Only Initial & Date_____ TSØ#_____ Beginning Payroll Number_____			VI APPROVAL Department Head/Director (Print) Signature_____Date_____			

DISTRIBUTION: Forward original form to the Payroll Department and retain copy for your files.