



REQUEST FOR SUPERVISOR
TIME ENTRY APPROVAL ACCESS

Current Supervisor's Information (must be requesting supervisor)

Name: _____ Employee ID: _____

Department: _____ Position Control Number : _____

Effective Date for Time Entry Approval Access Change
(must be the beginning of a pay period): _____

Please choose one option:

Add

Remove

Temporary change to Time Entry Supervisor

Permanent Additional / Alternative Time Entry Supervisor

Permanent Time Entry Supervisor (replaces current supervisor)

Additional / Alternative Supervisor's Information (all fields are required):

Name: _____ Employee ID: _____

Department: _____ Position Control Number: _____

Does Additional /Alternative supervisor already have Time Entry approval access for other employees?

Yes

No

I hereby authorize the University's Payroll Office to make the Time Entry approval access changes as listed on this form, and I also acknowledge that the changes will be in effect and will remain until I notify, in writing, the Payroll Office of new changes.

Requesting Supervisor:

(signature)

(Date)

(Phone Ext.)

Additional / Alternative Supervisor:

(signature)

(Date)

(Phone Ext.)

Return completed form to.
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