

Web Time Entry Approver Authorization Form

Position Number(s) to Approve <i>(For Hourly, Academic Wage, Temporary and Student)</i>	Department Organization Code(s) <i>(Classified Employees only)</i>	Effective Date of Change

Primary Approver

Individual with primary fiscal responsibility for authorizing payroll expense transactions on these position numbers or organization code(s). I.e. Department Chair, Department Manager, Program Manager.

Name			
PSU ID Number		Position Number	
Banner Login ID		PSU Email Address	
Department Name		Phone Number	
Primary Approver's Signature			

Proxy Approver(s)

Please identify one or more proxy approvers. (Assigned individuals with delegated fiscal responsibility to authorize payroll expense transactions for these positions/organization codes on behalf of the Primary Approver listed above.) **(Proxy will have access to approve time transactions for all positions the Primary Approver can approve in Banner.)**

	Proxy Approver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Proxy Approver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Name						
PSU ID Number						
Banner Login ID						
PSU Email Address						
Phone Number						
Proxy Signature						

	Proxy Approver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Proxy Approver	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Name						
PSU ID Number						
Banner Login ID						
PSU Email Address						
Phone Number						
Proxy Signature						

Dean Director/VP Signature

I authorize and/or authenticate that the employees listed above as Primary Approver and Proxy Approvers hold, or have been delegated, fiscal authority for the verification of time and effort reporting and the authorization of payroll expense transactions.

Department Head/Director/Chair Signature		Date	
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