Web Time-Entry Approver Change Request Form

Please Note: This form should only be completed to reassign a web time-entry approver who will be on a leave of absence/sabbatical for two months or longer or to make a permanent change. The Secondary time-entry approver should cover for leave of absences that are shorter than a two-month period.

Hourly/Student Position Details

Position ID Code(s): __________________________________________________________

Position Title: ______________________________________________________________

Effective Date: __________________________

Is this a permanent Change? ☐ Yes ☐ No Termination Date, if temporary____________

Web-time Entry Details

Current Primary Time-entry Approver __________________________________________

Current Secondary Time-entry Approver _______________________________________

New Primary Time-entry Approver __________________________________________

New Secondary Time-entry Approver _______________________________________

Web-time Entry Approver’s Supervisor Section

Supervisor Name _____________________________________________________________

Supervisor Signature________________________________________________________ Date________________

(Requires signature of Supervisor for approval)

HR Approval ________________________________________________________________ Date________________

Colleague Updated by________________________________________________________ Date________________