



Web Time Entry Approval Authorization Form

Position Information

Department Name:

Position Type (check one):

Student Regular Wage

Unclassified Wage Agreement

Student Work Study

Temporary

Position Number: D

Identify the approver for the position number listed above. This approver is the individual responsible for electronically certifying the accuracy of the hours reported and the labor distribution charged.

Primary Approver

Name:

Position Number: D

PSU ID Number:

BANNER Login ID:

E-mail Address:

Phone:

Signature

Please identify two proxy approvers. The proxy will assume timesheet certification authority in the event of the Primary Approver's absence.

Proxy: Add Remove

Name

PSU ID Number

BANNER Login ID

E-mail Address

Phone

Signature

Proxy: Add Remove

Name

PSU ID Number

BANNER Login ID

E-mail Address

Phone

Signature

Department Head/Director/Chair Signature

By signing below I hereby authorize the above employees to spend department money on wages for the position listed above either electronically or via paper.

Sign

Date