TIME AND ATTENDANCE SYSTEM
SUPERVISOR/APPROVER DESIGNEE FORM

USER INFORMATION

First Name:_________________________________ Last Name:________________________________
Department:________________________________ SUNY ID/Campus Local ID:__________________

DESIGNEE INFORMATION

First Name:_________________________________ Last Name:________________________________
Department:________________________________ SUNY ID/Campus Local ID:__________________

DATE INFORMATION

Effective Date:_____________________ (mm/dd/yyyy) End Date:_____________________ (mm/dd/yyyy)
*Reauthorized on an annual basis.

OPTIONS (Please Choose One)

○ Review only. (No Action)
○ Review supervisor work roster, take action as necessary to approve or deny time records
  and/or time off requests

AUTHORIZATION

*Required I, _____________________ authorize _____________________ to act as

                       NAME                       PROXY NAME

   my Supervisor/Approver Designee within the effective dates stated above.

Employee Signature: ____________________________________________ Date: ________________
Employee’s Supervisor Signature: ________________________________ Date: ________________
Designee Signature: ____________________________________________ Date: ________________
Facilitator Signature: __________________________________________ Date: ________________

Supervisor/Approver responsibilities can be assigned to another employee using the designee functionality within the Time and Attendance System. Please note, that if you assign one of your employee’s as a designee, that individual cannot approve his or her own time record and/or time off request. Although Supervisor/Approvers are permitted to assign designees to review and approve time records and/or time off requests, Supervisor/Approvers have the ultimate responsibility for ensuring that their designees review and approve time records and/or time off requests on a timely basis.