

Web Time Entry Proxy Set Up Request Form

This form is used to request appropriate organizational access for a designated Proxy, in support of the EWU Web Time Entry (WTE) Approval process, or to delete proxy access. **The person authorizing the access must submit this form.** All information is required. After completing the form, attach it to an e-mail message and send it to the Human Resources Services office: HR@mail.ewu.edu. If you are unable to submit via e-mail, you may print the form, complete it, sign, and send to Human Resources, SHW314.

Note: A separate form must be completed for each, individual, designated Proxy.

APPROVER (Requestor) INFORMATION:								
	iessage re	equesting this Proxy set	t up must be sent from	m the e	-mail account of th	ne authorizer w	hose name is	
entered below:								
Approver's Name	e:		Title:					
E-mail address:		Pho			Phone:			
Division/Department:		Timeshe			eet Org Code*:			
		*Located in the "Department and Description" field on the Employee Self Service Approver Selection page						
PROXY INFORMATION:								
Proxy's Name:					Proxy's Title:			
Proxy's E-mail address:					Proxy's Phone:			
Employee Type:		Faculty	Administrativ	e	Classified			
Requested Action	n: ADD		UPDATE			DELETE		
ACKNOWLEDGEMENT: I understand that in making this request to grant Proxy access to the above-named individual I assume the responsibility to inform them of their responsibilities regarding timesheet approval for my department, to ensure they have the necessary training to perform this function, to provide information about FERPA, to monitor the use of the information, and to request the cancellation of access should the employee resign or be terminated from								
his/her position. I Agree:								