

**Indiana State University
Payroll Office
Banner Leave Reporting Authorization Form**

Org # _____ Department Name _____

Web Leave Entry Departmental Leave Entry
(check only one of the boxes above)

Departmental Entry Only:

Primary Timekeeper: Name _____ Position # _____ 991 _____ Banner ID _____

Proxy Timekeeper: Name _____ Position # _____ 991 _____ Banner ID _____

All Leave Reporting: (EVERY department must fill out this section.)

Primary Approver: Name _____ Position # _____ 991 _____ Banner ID _____

Proxy Approver: Name _____ Position # _____ 991 _____ Banner ID _____

FYI: (if applicable) Name _____ Position # _____ 991 _____ Banner ID _____

FYI: (if applicable) Name _____ Position # _____ 991 _____ Banner ID _____

FYI: (if applicable) Name _____ Position # _____ 991 _____ Banner ID _____

Authorization

I authorize the employee(s) in the position designated above to perform the specific duties listed. I understand that the Proxy will perform functions in the absence of the Approver or Timekeeper in order to comply with deadlines for payroll production. I understand that acknowledgement by a FYI recipient does not constitute approval, nor is it necessary for payroll production; it is solely an informative function. In the event of any changes to the above roles, it is my responsibility to contact the Payroll Office with the updated information.

Signature of Department Head

Date