## **State On-Line Timecard Change to Approver / Delegate**

This form is to be used when making a change to an approver or a delegate for an approver.

If changing an approver, please list the person the new approver is replacing.

| New (select one):                         | Approver         | Delegate          |   |
|---|------------------|-------------------|---|
| Change (select one):                      | Approver         | Delegate          |   |
| Dept number:                              |                  |                   |   |
| Effective Date of Char                    | nge:             |                   |   |
| Name of new approve                       | r or delegate: _ |                   |   |
| Employee ID # of new                      | approver or de   | elegate:          | _                                       |
| Previous approver/dele                    | egate name:      |                   | _                                       |
| Previous approver/delegate employee ID #: |                  |                   |   |
|   |                  |                   |   |
| Who will the new appro                    | over be approv   | ring?             |   |
| It is not necessary to lis                | stallemployee    | s if entire depar | tment is being affected by this change. |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   | Employee ID #:                          |
| Employee name:                            |                  |                   |   |
| If adding a delegate,                     | who the delega   | ite is approvinç  | ıfor:                                   |
| Approver:                                 |                  |                   | Employee ID #:                          |

For questions, contact Cheryl Glennon 4-5203 or Tina Verria 4-5827

Completed form should be emailed to <a href="mailto:cglennon@uri.edu">cglennon@uri.edu</a> or <a href="mailto:tinaverria@uri.edu">tinaverria@uri.edu</a>