

APPROVER CHANGES FORM

(Requests/Changes/Removal)

To: Web Time Entry Administrator

From: _____

Department: _____

Date: _____

This is to advise that: _____
Printed Name, Title, Department

SIGNATURE (Please Note: This signature will be used to verify approvals)

Ext: _____

@mtroyal.ca

MRU EMAIL address required

New Approver

Requesting Timesheet approval Authority for the following Org(s):

Org# Org# Org# Org # Org # Org # Org #

Will be **Approving timesheets** for all employees on the above Org: Yes ☐ No ☐

If **NO** type the MRU # of the employees they will be approving (please attach a separate list for changes over 10 names):

MRU # MRU # MRU # MRU # MRU #

MRU # MRU # MRU # MRU # MRU #

Previous Approver

Removed Timesheet approval Authority for the following Org(s):

Org# Org# Org# Org # Org # Org # Org #

Remove from the Approval Queue the following employees (please attach a separate list for changes over 10 names):

MRU # MRU # MRU # MRU # MRU #

MRU # MRU # MRU # MRU # MRU #

Note:

Effective date of change: _____

Designated Proxy : _____
Printed Name, Title, Department

Changes in Approvers Authorized by:

Printed Name, Title, Department

SIGNATURE (Department Head)