MIDWESTERN STATE UNIVERSITY

Payroll Department

Leave Report Approval Authorization

Department Name

All ☐ **OR** List individual(s)

PRIMARY APPROVER

Print or Type Name

Add ☐
Change ☐

Signature (CANNOT BE TYPED)

Date   Banner ID

ALTERNATE APPROVER (Proxy)

Print or Type Name

Add ☐
Change ☐

Signature

Date   Banner ID

I authorize the above listed employees to approve hours submitted to the MSU Payroll

BUDGETARY HEAD

Print or Type Name

Signature (CANNOT BE TYPED)   Date