

PeopleSoft Manager Self Service - Authorization to Delegate Initiation/Approval Authority



Delegation Policy

This form applies to all WMU employees whom have specific levels of authority for processing payroll related transactions. The delegate must understand & acknowledge the level of authority being assigned, have sufficient knowledge of the process to be performed, and have sufficient knowledge of University policies and procedures to perform the task.

Delegator Name: _____

Delegator Department: _____

Delegator Signature: _____

Delegator User ID: _____

I delegate/revoke the following authority to the employee noted as of this date: _____

Delegatee Name: _____

Delegatee Department: _____

Delegatee EmplID/UserID: _____

☐ Initiation Authority ☐ Permanent ☐ Terminate Delegation

☐ Temporary Start Date: _____ End Date: _____

☐ Approval Authority ☐ Permanent ☐ Terminate Delegation

☐ Temporary Start Date: _____ End Date: _____

I understand the rules and obligations being assigned to me. By signing this request, I agree to abide by the applicable University policies.

Delegatee Signature: _____

Date: _____