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WEBTIME ENTRY APPROVAL CHAIN

DEPARTMENT: _____ (Please ensure a form is completed for each department/grant budget code in your area) Page _____ of _____

DEPARTMENT CODE : _____ (Please indicate Banner Fund/Org Budget Codes)

CONTACT NUMBER: _____ (Please indicate a contact number for department)

EMAIL ADDRESS: _____ (Please indicate an email address for supervisor) Please email completed form to HR@subr.edu

EMPLOYEE	S NUMBER	POSITION NUMBER	SUPERVISOR (1st Level Approver)	PROXY OF SUPERVISOR	DEPARTMENT HEAD (2nd Level Approver)	PROXY OF DEPARTMENT HEAD
EX. Kelly Cannon	S00012345	2M9999-00	Joe Flax	Danny Messer	Mac Taylor	Josephine Danville

Please use below space for additional approvers and proxies:

_____

_____