

Time Approval Security Request



Home Campus	Once all required signatures have been obtained, completed form can be faxed to 561-3456 or emailed to payroll@maine.edu
Home HR Department	

Time Approver Information

Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID
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Time Approval Role Security Request

<input type="checkbox"/> Add/Change Access	<input type="checkbox"/> Delete Access	<input type="checkbox"/> Primary Approver <input type="checkbox"/> Backup Approver <small>(every Dept must have a primary and backup approver)</small>
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Effective Date	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Students	HR Department ID: (list all needed)	Time Reporter/Dynamic Group ID: (list all needed)
Effective Date	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Students	HR Department ID: (list all needed)	Time Reporter/Dynamic Group ID: (list all needed)
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Employee Acceptance of Time Approver Role

My signature below certifies that I accept the role and responsibility of Time Approver as requested above. I understand that as a Time Approver, I have the authority to approve or deny paid leave and that I am responsible for ensuring that all time and leave records are current and accurate for the employees identified above. **I have reviewed the training materials available at <http://support.hr.maine.edu/manager-self-service-topics> and I understand that this role requires me to review and approve timesheets as required by the established payroll approval deadlines. I also understand that I must not delete or reduce time entered by an employee unless I have personal and documented proof that time was not worked.**

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Employee Signature	Date
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Supervisor Signature

My signature below certifies that the request above is appropriate for the employee.

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Supervisor/Department Manager	Date
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General Instructions

1. **Form Name: HR Time Approver Authorization**

2. **Revisions:** 07/2017

3. **Purpose:** Submit this completed form to request access/authorization to approve time reported on Timesheets.

4. **Required Fields:** Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by | are required fields; missing required information will be considered incomplete and returned to preparer.

5. **Submission Methods:** Send completed forms (including with all required signatures) to HR/Payroll as follows:

a. **Fax to 561-3456:** This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.

b. **Email to payroll@maine.edu:** Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.

c. **Campus Mail:** Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

Form Data

6. **Campus:** Select from dropdown the campus initiating the action.

7. **Department:** up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs). HR department ID's can be found on the Basic Employee Information page (University of Maine System > HRMS > Review HRMS > Basic Employee Information)

Employee Information

8. **Prefix, First Name, Middle I, Last Name and Suffix:** Enter employee's legal name

a. **Additional Names:** notify HR of a different preferred name (legal name will display in HR pages and preferred name will be shared with other UMS applications such as Blackboard, etc.)

9. **MaineStreet ID:** Enter employee's 7-digit MaineStreet ID

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10. **Add/Change Access or Delete Access:** select appropriate action

11. **Primary Approver or Backup Approver:** select appropriate status

12. **Effective Date:** enter effective date

13. **Hourly, Salaried and/or Students:** select the box for employee types that will be approved

14. **HR Department ID:** enter appropriate HR Department ID (see #7 above)

15. **Time Reporter/Dynamic Group ID:** enter time reporter/dynamic group if known

Authorized Signatures

1. **Employee:** signature, date and typed/printed name of employee; represents acceptance of role and responsibility

2. **Supervisor/Department Head:** signature, date and typed/printed name of supervisor or department head

General Instructions

For additional information, visit <http://support.hr.maine.edu/human-resources-support/human-resources/hrms-topics>

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