

Request for Emergency Immaterial Review (Proxy)

Date _____ Department _____ Phone Ext. _____

Please check the box below that best represents the reason for this request:

- Desk owner is not familiar with system usage and wants others to be able to perform reviews (routine proxy)
- Desk owner is unavailable (vacation, illness or other *emergency*) and transactions are pending review
- Desk owner is no longer employed (vacant desk) and dept. needs somebody to perform reviews
- Other (please describe) _____

Reviewer's Name _____ Review Desk Name _____

Proxy authorizations are *application specific*. Please mark the box(es) for any BASIS application(s) for which you want the person(s) below to possess proxy authorization for the review desk. You may include multiple people on this form *if* they will possess the same proxy types. If you want different people to have authorizations for different applications, please use a separate form for each person.

DART
 GJIM
 HRLY-TS
 LABOR
 LEAVE
 PAYROLL
 PSB
 UPS ~~XXXXXXXXXXXX~~ ~~MOE~~ ~~U~~

Proxies are also effective for specific date ranges. Please indicate below the desired beginning and ending dates. **The maximum time period allowed by this form is two weeks.** For longer time periods, you must establish the proxy yourself. You may call Rachel McGathy at 575-4249 to arrange training in your office if you are not familiar with the necessary steps. Such training should take approximately 30 minutes.

Start Date _____ End Date _____

Person(s) to have proxy authorization for above application(s) and time period (maximum three per application):

Full Name	Admin ID (if known)
_____	_____
_____	_____
_____	_____

If other persons already have proxy authority for any of the applications marked above for the selected time period, do you want the person(s) above to replace them, or be added? The TARGET Administrator will contact you if there are any questions.

- Replace existing proxies (This would also include any that extend past the two-week period covered by this form.)
- Add new entries to existing ones. (If three already exist, at least one will have to be removed to add new ones.)

A dean, director, department head, or assistant/associate dean director department head or another individual of equal or higher responsibility must sign this form. Please fax the completed form to 575-2336, attention Rachel McGathy, or mail/hand-carry to 316 Administration Building.

Signature of authorizing person

Title

Printed Name