

Request for Emergency Material Review (Alternate)

Date _____ Department _____ Phone Ext. _____

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

- Desk owner is unavailable (vacation, illness or other *emergency*) and material transactions are pending review
- Desk owner is no longer employed (vacant desk) and dept. needs somebody to perform material reviews
- Other (please describe) _____

Reviewer's Name _____ Review Desk Name _____

Person to have alternate authorization for above desk:

(This person must be at or above the responsibility level of the original reviewer. No support staff may assume alternate review responsibility.)

Full Name	Title	CICS User ID
_____	_____	_____

Duration of temporary alternate assignment

Start Date _____ End Date _____

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.

Note: The budgetary unit (BU) of the person to assume emergency alternate reviewer status must be the same as that of EITHER the original primary reviewer OR the original alternate reviewer. If such an individual is not available, please contact Rachel McGathy at 575-4249.

Signature of authorizing person

Title

Printed Name