

# Request for Leave/Time Reporting Proxy Authorization

Submit form to Human Resource Services, Box 35



Add or  Remove the following employee as my Proxy

Name

Username

Banner ID

Position no.

Job title

E-Class

Effective date

As an employee of MTSU (or acting as an agent of the University), I am aware that the data and materials to which I may have access are to be treated in a professional and confidential manner. I agree herein, as a consideration of my employment, that I will not disclose or cause to be disclosed any such confidential information gained in the course of my employment at any time.

I am aware that any breach of the confidentiality of this material or any abuse of my position, including but not limited to alteration of records, destruction of records, or other similar acts, may result in disciplinary action or constitute a basis for termination of employment.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the ultimate responsibility for any action taken by the above individuals is mine. I understand that this individual must be a regular, full-time employee of the University.

**This appointment replaces**

as my proxy.

Department/Unit Head Title

Department/Unit Head Name

Username

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization no.

Contact person

Phone