

# WEBER STATE UNIVERSITY

## LEAVE TRACKER ACCESS REQUEST FORM

Organization Code \_\_\_\_\_  
(5 digit)

Organization / Department Name: \_\_\_\_\_

Note: Both a Primary and Back-up Leave Keeper are required.

For each Leave Keeper designated below select either edit OR view only. For the approver designated below please state whether or not they would like edit privileges in addition to approve access.

				Access Privileges (Y or N)		
	W Number	Name (Please Print)	Ext.	Edit	Approve	View Only
Primary Leave Keeper					N/A	
Back-up Leave Keeper					N/A	
Primary Approver					Y	N/A
Back-up Approver					Y	N/A

Notes: If you need to provide additional information, please attach another sheet of paper.

The Leave Keeper(s)/Approver(s) above request access privileges to the Leave Tracker system for the department(s) listed and understand that all information on this system is private. There are significant penalties for inappropriate release of private information to anyone not having a legitimate business reason to know.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

<p><b>APPROVAL SIGNATURE</b></p> <p>Department Head _____</p> <p>Date _____</p>	<p><b>Payroll Office Use Only</b></p> <hr/> <p>Date Access Given: _____</p> <p>By Whom: _____</p> <p>Date Employee(s) Notified: _____</p>
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