



TimeTraq Authorization Form Bi-Weekly Timesheets ONLY

Please fill out one form per Adloc (Employee Administrative Location)

ADLOC #: DEPT:

New Bi-weekly Timesheet Adloc

Update to Bi-weekly Timesheet Adloc

Each Role must have at least one delegate

Departmental Administrator:	
<i>Note: This person reviews only and sets up managers for bi-weekly paid employees.</i>	
Primary: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)

Departmental Approver:	
<i>Note: This person provides the final review, then approves adloc by submitting to Payroll.</i>	
Primary: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)
Delegate: _____	_____
(Printed Name)	(Signature)

I authorize the person(s) listed above to approve the department bi-weekly payroll timesheets.

Department Head (Print)

Signature

Date



**TimeTraq Authorization Form
Bi-Weekly Timesheets ONLY (Additional delegates)**

ADLOC #:

DEPT:

Additional Delegates

Departmental Administrator:
Note: This person reviews only and sets up managers for bi-weekly paid employees.

Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)

Departmental Approver:
Note: This person provides the final review, then approves adloc by submitting to Payroll.

Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)
Delegate: _____ (Printed Name)	_____ (Signature)

I authorize the person(s) listed above to approve the department bi-weekly payroll timesheets.

Department Head (Print)

Signature

Date