



TimeTraq Authorization Form Weekly Timesheets ONLY

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

ADLOC #: DEPT:

New Weekly Timesheet Adloc

Update to Weekly Timesheet Adloc

Must have at least one delegate

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)
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 weekly payroll timesheets.

Department Head (Print)

Signature

Date



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

ADLOC #:

DEPT:

Additional Delegates

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)

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(Printed Name)

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(Printed Name)

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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 weekly payroll timesheets.

Department Head (Print)

Signature

Date