

# **WEB TIME ENTRY SECURITY FORM**

One security form is required for each department.

Please complete form & return to Payroll, fax 7219 or email [trivetteph@appstate.edu](mailto:trivetteph@appstate.edu).

<b>WTE Department Code</b>
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Date: \_\_\_\_\_

Official ASU Department Name: \_\_\_\_\_

## **Department Head/Approver**

## **Approvers' Proxy**

Employee's Full Name \_\_\_\_\_

\_\_\_\_\_

Employee's User Name (Email login name) \_\_\_\_\_@appstate.edu

\_\_\_\_\_@appstate.edu

Employee's Banner ID Number \_\_\_\_\_

\_\_\_\_\_

Employee's Position Number \_\_\_\_\_

\_\_\_\_\_

## **Department Head Reports To**

Employees' Full Name \_\_\_\_\_

Employee's User Name (Email login name) \_\_\_\_\_@appstate.edu

Employee's Banner ID Number \_\_\_\_\_

Employee's Position Number \_\_\_\_\_