

Manager Self Service Delegation Form

This form requests the delegation of responsibilities pertaining to the approval of my employees' payable time through the Manager Self Service function. The University's Time & Labor policy permits approvers to assign approval authority to a "delegate" to approve employee time. Final approval of all delegates rests with the Associate Vice Chancellor for Administration and Finance or his/her designee.

Who Can Be A Delegate?

- The delegate will have unrestricted access to your employee's time sheet in order to approve on your behalf.
- The delegate must be another manager or supervisor with similar rank and authority in managing department approvals.
- The most senior academic administrator may be delegated this authority by a department chair to approve the payable time of a chair's direct reports.
- No manager or supervisor, or a delegate, may approve his or her own time. In the case where a department chair has delegated his or her approval, the approval authority of that designated academic administrator's time may be delegated to the executive assistant for the department chair (**please see the secondary delegate signature line below).

Even if a Delegate is used by a Supervisor to review and approve the Supervisor's direct reports in HR Direct, the Supervisor remains responsible and accountable for ensuring that UMMS only pays/reimburses employees for actual time worked as well as compliance for the Supervisor's Department's payroll in accordance with UMMS policy.

Please complete the information below to appoint a delegate to approve on your behalf. Forward the form via email to the payroll department at PayrollUMMS@UMassMed.edu for processing. Confirmation of final approval will be provided back to you through an executed copy of this request. All questions regarding this policy should be addressed to PayrollUMMS@UMassMed.edu.

Justification of needing a delegate: _____

Home Dept ID: _____

Manager/Supervisor: _____
Print Name Title Employee ID #

Manager/Supervisor: _____
Signature Date

Delegate: _____
Print Name Title Employee ID #

Delegate: _____
Signature Date

**Delegate: _____
Print Name Title Employee ID #

**Delegate: _____
Signature Date

Approval: _____
Assoc VC Admin & Finance or Designee Date