WEBER STATE UNIVERSITY  
LEAVE TRACKER ACCESS REQUEST FORM

Organization Code______________________  Organization / Department Name: ____________________________________________
(5 digit)

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.

<table>
<thead>
<tr>
<th>W Number</th>
<th>Name (Please Print)</th>
<th>Ext.</th>
<th>Edit</th>
<th>Approve</th>
<th>View Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Leave Keeper</td>
<td></td>
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<tr>
<td>Back-up Leave Keeper</td>
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<tr>
<td>Primary Approver</td>
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<td>Y</td>
<td>N/A</td>
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<tr>
<td>Back-up Approver</td>
<td></td>
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<td>Y</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Access Privileges (Y or N)

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 ____________________________

APPROVAL SIGNATURE

Department Head ____________________________
Date ____________________________

Payroll Office Use Only

Date Access Given: ____________________________
By Whom: ____________________________
Date Employee(s) Notified: ____________________________

RETURN TO PAYROLL, MC 1021 or FAX to ext. 7648