



TIMEKEEPING DELEGATION FORM University of California, San Diego

ONLINE PAYROLL TIME RECORD (OLPTR)
DEPARTMENT/UNIT DELEGATION OF UPDATE AND REVIEW

DATE

DEPARTMENT INFORMATION

Department Name: _____

Home Department Code: _____

TIMEKEEPER CODE(S)

_____-_____-_____-	_____-_____-_____-	_____-_____-_____-	_____-_____-_____-
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TIMEKEEPER(S)

PRIMARY TIMEKEEPER

Timekeeper Name: _____

Employee ID Number: _____

ACT Single Sign-on Userid: _____

Telephone Number: _____

Email Address: _____

Campus Mail Code: _____

Signature: _____

BACKUP TIMEKEEPER

Timekeeper Name: _____

Employee ID Number: _____

ACT Single Sign-on Userid: _____

Telephone Number: _____

Email Address: _____

Campus Mail Code: _____

Signature: _____

I understand that the present timekeeping system allows a department and/or organizational unit to gain direct access to the Employee Data Base (EDB) and the ability to report time online that will directly affect pay. In addition, as chair/director of the department indicated above, I am aware that the responsibility of management and accounting of University funds delegated to me by the Chancellor has been expanded to include the processing and reviewing of sensitive payroll data within the online payroll system. Therefore, I certify that re-delegation by me within the department indicated on this form, is in accordance with current campus University policy and procedure.

AUTHORIZED SIGNATURES

Chair of Director: _____

Signature: _____

MSO/PI/DH: _____

Signature: _____

DSA: _____

Signature: _____

**Please Forward Completed Form To:
PAYROLL OFFICE - MAIL CODE 0952
ATTN: GEORGE GOMEZ**