

This form is used to request or remove Exempt Time Off Approver access.

Completed By:

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**Additional Comments:** (ex: replaces Jane Doe)

Exempt Time Off Approver or Delegate Role

Action	Role	VUnetID	Employee Name	Home Dept Number - Name

**Approval Signatures - *Must be approved by the PAF Responsible Person***

By signing below, the above named permissions or permission changes are authorized to be entered into Privilege Management.

Approval 1: \_\_\_\_\_  
Name (Print or type) Signature Date

Approval 2: \_\_\_\_\_  
Name (Print or type) Signature Date

Approval 3: \_\_\_\_\_  
Name (Print or type) Signature Date

**Office use for entry into Privilege Management:**

Security Contact Approval

\_\_\_\_\_ Name (Print or type) Signature Date