## PEPPERDINE UNIVERSITY

## SUPERVISOR SIGNATURE INFORMATION

**Purpose:** To insure proper authorization of Timesheets and Monthly Absentee Reports in the case of missing supervisor signature or questions.

This is to be completed by the person that is authorized to sign Timesheets and/or Monthly Absentee Reports.

Department authorized to s	<b>ign for</b> (do not enter er	mployee names)			
Department Name		De	epartment ID #		
·			Department ID #		
Department Name					
Department Name			Department ID #		
Department Name		De	Department ID #		
Department Name			Department ID #		
Authorized to approve:	ized to approve: Students Non-Exempt (Bi-Weekly)		/) 🗌 Exem	☐ Exempt (Monthly)	
Signature	P	Print Name	Date	Extension	
Title					
Your Immediate Supervisor (Sign	nature) Pi	rint Name	Date	Extension	
Title					
Instructions					
• Department(s) authorized to sign for: Enter the Department's name that you are authorized to sign timesheets for.					
Department ID: If you do not know the department ID, contact your Budget Manager.					
Supervisor Name: Title: Print your name and Title.					
• Extension: Enter your	telephone number.				
Signature: Your signate	ure.				
Authorized to Approve: What timesheets are you authorized to approve? Check appropriate box(es).					
Your immediate supervisor's name: Title: Enter the name and Title of your immediate supervisor.					
Extension: Enter the telephone number of your immediate supervisor.					
Signature: Signature of your immediate supervisor. Please take to your supervisor to sign.					