



E-Form Delegate Access Request

Include all required signatures and initial.

Deliver to Department of Human Resources or scan and email to hr@olemiss.edu.

For access: List Names of Employees **and** Personnel Numbers to Gain Access as a Delegate

Access Level: E-Form Delegate Route Only E-Form Delegate Full Access
 Grant Access Remove Access

Name and Personnel Number of Delegator: _____

(Delegator: This is the person authorizing individual(s) to act on their behalf.)

By signing this E-form Delegate Access Request form, I am authorizing individual(s) to act on my behalf as a delegate for function(s) as indicated above. I agree to diligently review transactions and respond, if applicable, to email notifications regarding actions initiated on my behalf by such delegate(s) and understand that I am ultimately responsible for these transaction as signatory on the account. Furthermore, if accounts with federal awards are involved, I understand this delegation does not transfer the ultimate responsibility for the functions delineated in 2 CFR 215.21 (b). _____ **(initial)**

Delegator

Approval: _____ **Date:** _____

Department

Approval: _____ (Print)

(Department Signatory Officer)

(Signature)

Department: _____

Approved by Human Resources: _____ **Date:** _____