**MCtime**

**Department Director Delegation**

**FY\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Dept. Number |  | Dept. Name |  |

**I authorize** the following employees to complete and approve all MCtime forms on my behalf for the department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Phone** | **Job Title** |
|  |  |  |  |
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|  |  |  |  |

**I do not authorize** any employee to complete and approve any

MCtime forms for the department.

|  |  |
| --- | --- |
| Director’s Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date |  |

**FOR MCtime FUNCTIONAL TEAM ONLY**

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_