

**Departmental Authorization and Approval Form
For VIP Supervisory Updates**

DO NOT EMAIL THIS FORM

Personal information should not be sent through email

Authorization to Enter and Update Supervisory Information in VIP System

I understand by completing this form, I authorize this staff member to access the supervisory system using VIP and update and approve any supervisor for this department. This staff member has authority to enter and change the supervisory information for any faculty, staff, temporary, temporary grant, graduate student, work study student, undergraduate student, or any other type employee the department has hired. I will ensure all supervisory changes for this department are authorized.

If at any time, I wish to revoke this authority for any reason, I will notify the Payroll Department immediately in writing.

(Payroll Contact's Name) (Please Print)

(Social Security Number)

(Payroll Contact's Signature)

This individual is authorized to enter and update Supervisory Information for Department Account Number (s) _____
(Example: 62070)

Departmental Approval:

(Vice President, Dean, or Department Chair)

(Date)