

PROXY DESIGNATION FORM

This form is to give authorization to a specific Proxy and to understand the responsibilities of each role. Retain one signed copy of this form in the department and submit one copy to HR Operations at Fax extension 5090 for processing.

This is to confirm that

will be serving as Proxy for

Proxy Name (Please Print)

and has permission to

President, Sr. Vice President/Provost, Vice President, Dean or Director Name (Please Print)

complete the following on behalf of the President, Sr. Vice President/Provost, Vice President, Dean or Director:

*** Approve All Position Requisitions**

*** Verify and Approve Offer Letters**

Responsibility of President, Sr. Vice President/Provost, Vice President, Dean or Director:

The President, Sr. Vice President/Provost, Vice President, Dean or Director accepts responsibility for all transactions conducted using the credentials assigned to the Proxy, and to notify HRM Operations when an individual they have selected as Proxy leaves their supervision or is no longer qualified by role, responsibility or legitimate need to access PeopleSoft.

Responsibility of Proxy:

A Proxy must be a must be full-time benefits-eligible Administrative Professional staff member or an Administrative Assistant grade level 5.1. The Proxy accepts responsibility for all transactions conducted using the credentials assigned to them and to notify the President, Sr. Vice President/Provost, Vice President, Dean or Director and HRM Operations of any change in role or affiliation. The Proxy also agrees to apply safeguards to protect NU information assets from unauthorized access, viewing, disclosure, alteration, loss, damage or destruction. Appropriate safeguards include use of discretion in choosing when and where to access data and prevention of inadvertent or intentional viewing of displayed or printed information by unauthorized individuals.

Signed,

President, Sr. Vice President/Provost, Vice President, Dean or Director Signature

Proxy Signature