

Designation of Proxy in the LeaveTraq Program

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, please contact Human Resources at (979) 862-1718.

INSTRUCTIONS This form is used by managers to give proxy rights to a designated employee to act on their behalf. Fax the completed and signed form to the TAMU LeaveTraq Central Administrators at (979) 847-8546. You will be notified by email when the proxy access has been completed.

This section is to be completed by the departmental ES Liaison responsible for administering the LeaveTraq program.	
Name of Manager Designating Proxy	Manager's UIN
Name of Employee Being Designated as Proxy	Employee's UIN
Name of ES Liaison	Email Address

I, _____ hereby designate as my
(Print or Type Full Name of Manager)

Proxy, _____ to submit leave requests in
(Print or Type Full Name of Employee to Serve as Proxy)

The LeaveTraq program on my behalf. I understand that by submitting a leave request on my behalf in the LeaveTraq program that this individual is, in effect, signing a leave request on my behalf.

Signature of the Manager Designating the Proxy Date

Acceptance of Designation of LeaveTraq Proxy

I, _____ Understand that I am being

Designated as the Proxy for _____

I understand that the information I have access to view in the LeaveTraq program may be confidential in nature (i.e., payroll information and medical information). I acknowledge that I will not use this information for non-System purposes or for purposes that are not within the responsibilities of my position description. I understand that if I violate System Policies and Regulations, reveal any confidential information, or use any information in an inappropriate manner that I gain by accessing the LeaveTraq program that I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code).

Signature of the Employee Being Designated as Proxy Date

<p>SUBMIT FORM TO: Total Compensation-Benefits Office hrcompbenefits@tamu.edu (as attachment) or FAX: (979) 847-8546 Please do not submit hard copy</p>	<p>NEED HELP? Total Compensation-BenefitsOffice (979) 862-1718 hrcompbenefits@tamu.edu</p>
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