**EMPLOYEE REQUEST FOR TIME ENTRY DELEGATE**

**Employee information**

 Approved Denied

Signature of Time & Labor Administrator:

Date:

Employee ID#       Name:

Department       Work Location

**Time Entry Requirement**

State of Vermont employees are required to submit an accurate timesheet every pay period. The timesheet indicates hours worked, use of leave, and any time off payroll. Some contractual benefits are also claimed through time reporting codes. The State expects all employees to enter and verify their own time reports in the VTHR system, unless exempted by State operating needs.

**Individual Delegate Request**

I request that I be assigned a delegate to enter my time reports into the VTHR system each pay period for the following reason (check one):

|  |  |
| --- | --- |
| I require accommodation due to a disability which prevents me from using the computer to enter my time. | Duration  Indefinite  Ending: |
| OR |  |
| I do not have the knowledge or skills required to use a computer to enter my time at this time. | Duration  Ending: |
| Please explain your limitation(s) (not your medical condition(s)): | |

**Employee Acknowledgements**

The employee remains responsible for reporting time worked and time off. Accurate reports must be provided timely to the delegate according to State-established deadlines. By signing below, I acknowledge my obligations and request a waiver from time entry into VTHR.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEWED & APPROVAL RECOMMENDED:

Signature of Supervisor Date

**Submit to:**

**Time & Labor Administrator**

**Department of Human Resources**

**Sov.TimeandLabor@state.vt.us**

**Montpelier, VT 05620-1701**

Signature of Department HR Administrator Date

Signature of Department Head or Designee Date