THE UNIVERSITY OF WESTERN AUSTRALIA

HUMAN RESOURCES
LEAVE APPROVAL DELEGATION AND FULL DEPARTMENTAL ACCESS

ACCESS TYPE

Please select the access type you require.

☐ **Leave Delegation (Sections 1 & 2)** ☐ **Full Departmental ESS Access (Section 3)**

Please note: The Full Departmental Access will need to be signed off by one of the following depending on the Department:
Faculty Access - signed off by the Dean or Faculty Manager
School Access - signed off by the Head of School or the School Manager

SECTION 1 - CURRENT APPROVER

Employee number _____ Family name _____

First names _____ Ext _____

Position title _____ Position number _____

BU Description _____

Current Approval Signature _____ Date *(dd/mm/yy)* _____

SECTION 2 - TEMPORARY DELEGATED APPROVER

Employee number _____ Family name _____

First names _____ Ext _____

Position title _____ Position number _____

BU Description _____

Start Date (of delegation) _____ End Date (of delegation) _____ **OR** ☐ Ongoing

SECTION 3 - FULL DEPARTMENTAL ESS ACCESS

Please note: by granting access the employee will have FULL ESS access to the Department including, but not limited to, Team List and PDR information.

Access To _____ (Faculty/School)

Applicant

Employee number _____ Name _____

Position number _____

Authority (Head or Band 5B Delegate)

Signature _____ Date *(dd/mm/yy)* _____

Name _____

Title _____ Ext. _____

Start Date (of access) _____ End Date (of access) _____ **OR** ☐ Ongoing

HR SYSTEMS USE ONLY

Response to Applicant Date _____ Processed Date _____

Date received _____ Processed by _____

C Level _____

C Level added ☐ Web Groups added TL ☐ AP ☐