

F.O. Signature:

## VACATION AND SICK LEAVE ADMINISTRATOR AUTHORIZATION/ REMOVAL FORM

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Please complete this form online to request Banner access for Vacation and Sick Leave Access.

Employees who will maintain department records (also known as PEALEAV "pea-leave" access) must have specific security and access set up in Banner. You will also need to attend Banner Navigation training so you can learn how to move within Banner before you can access the system. If you have never used Banner before and will now be responsible for updating and reviewing leave records, please contact ITS first for Banner Navigation Training.

HR staff will meet with the department staff designated to maintain the accruing leave records to assist with training. HR will process and maintain these records. In addition, we have the following link to PEALEAV training materials on the Human Resources website:

Per University and Benefits controls and standards, the following must be in compliance;

- Only Fiscal Officers may authorize employees to maintain PEALEAV records for employees under their respective organization numbers.
- A PEALEAV administrator may be a status employee, extra-help employee or a graduate assistant. Student workers may not enter time.
- When an employee changes departments or this job duty changes, a new Vacation and Sick Leave
  Administrator Authorization/Removal Form needs to be submitted by the Fiscal Officer to HR so that
  access can be changed.

Please assign or remove access to the following organization codes necessary to perform the Banner system Vacation and Sick Leave Administrator role.

## Select one: **Assign** Vacation Sick Leave Access **Remove** Vacation Sick Leave Access **Organization Numbers to add: Organization Numbers to remove:** Maintaining Access for the following employee class types: (Check all that Apply) **Administrative Staff Professional Staff** Faculty Civil Service Graduate Asst. Administrator: **Employee Name:** University ID (800): SIUE e-id (email): Phone: Date: Employee Signature: **Approval Signatures:** Fiscal Officer (F.O.): SIUE e-ID (email):

Please note: By signing and returning this form you agree with and confirm this information. If this is incorrect, please complete a new Vacation Sick Leave Administrator Authorization/Removal Form and submit it to Benefits at Box 1040. Also, submit a System Access Request Form (SARF) to Information Technology Services to finalize your Banner security access.

Date: