



BusinessPLUS Workflow Backup Approval Form

Name: _____
Title: _____
Dept./School: _____

Date: _____
Phone Number: _____
Email Address: _____

**Indicate Backup Approver Information.*

<u>Backup Approver #1:</u>	<u>Backup Approver #2:</u>
Name: _____	Name: _____
Email: _____	Email: _____
<u>Backup Approver #3: (Optional)</u>	<u>Backup Approver #4: (Optional)</u>
Name: _____	Name: _____
Email: _____	Email: _____

Supervisor (Print): _____
Supervisor Signature: _____

Title: _____
Date: _____

*Special Approval By: _____
*Signature: _____

*Title: _____
*Dept./Area: _____

***Note: Special approval is required for certain scenarios; you may call our office for assistance.*