**I.** **Form instructions for Timekeeper/Leave Keeper**

This form is to be used only in exceptional circumstances when a supervisor cannot perform approvals of time worked or leave requests for their subordinates or perform a delegation themselves in the Hawaii Information Portal (HIP) via Manager Self-Service. Manager Self-Service Delegation instructions for supervisors are found at <http://ags.hawaii.gov/hip/for-supervisors/>. All delegations are temporary in nature, and therefore must have a designated end date. The temporary, delegate supervisor must already have supervisory responsibilities in HIP and be at a level in the department higher than the current, delegating supervisor in his/her chain of command. IMPORTANT: A supervisor who is an active proxy or accepted delegation from someone else cannot use this form. The accepted delegation must be revoked or resolved prior to processing this form. Please submit a copy signed by your Executive Branch Director through the HIP Service Portal at <https://hipservice.hawaii.gov/s/>. The delegation will be completed by the Hawaii Information Portal Service Center and the submitting Timekeeper/Leave Keeper will be notified once complete.

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1. **Delegate Information.** *Please complete the following information about the delegating (from) supervisor and delegate (to) supervisor.*

Current, delegating supervisor:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Supervisor |  | Employee ID |  |
| Email address |  | | |

Temporary, delegate supervisor:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Delegate |  | Employee ID |  |
| Email Address |  | | |

1. **Duration of Delegation Requested.** *Delegations must have an end date. If the delegation is still required after the end date, a new form must be submitted to authorize the delegation again.*

|  |  |  |  |
| --- | --- | --- | --- |
| From Date |  | To Date |  |

1. **Type of Delegation Requested.** *Circle one or both.*

|  |  |  |
| --- | --- | --- |
| HIP Timesheets and Overtime Requests | Yes | No |
| HIP Leave/Absence Requests | Yes | No |

1. **Justification for Delegation Requested.** *Please provide a justification for the request.*

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1. **Authorization.** By signing this form, the undersigned understands and agrees to the following: 1) the current, delegating supervisor is not able to approve the delegation for themselves in HIP; 2) the new temporary, delegate supervisor is aware of this delegation request, and accepts their responsibility for approving salary payments and/or leave requests for employees; the new temporary, delegate supervisor is someone above the current, delegating supervisor in their chain of command.

|  |  |  |  |
| --- | --- | --- | --- |
| Approved (signed): |  | Dated: |  |
| Name of Approver: |  | Executive Branch Dept Name: |  |