

Workflow Proxy Assignment Form

Date:

Name of Approver:

Name of Proxy:

Reason for Delegation:

Proxy Signature _____

Approver Signature _____

Approver Supervisor Signature _____

A Note to the Approver: By signing this form, you acknowledge that your assigned proxy will be able to view and approve, return, or deny documents in your Workflow Worklist. A proxy acts on behalf of the approver by making irreversible approval decisions.

Please fill out this form and send via email to helpdesk@oru.edu. In the subject line of the email, please type "**Workflow Proxy Assignment Form**".