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BanWeb Proxy Approval Access Form

Proxy Information

Banner ID	
Last Name(Print)	First Name(Print)
Department	Title
Organization Code(s)	
List each organization you need access to. Plea	se contact payroll if you need organization codes.
professional and confidential manner. I agree here disclosed any confidential information gained in the this material or any abuse of my position, including	that the data and material to which I may have access to are to be treated in a sin, as a consideration of my employment, that I will not disclose or cause to be see course of my employment. I am aware that any breach of the confidentiality of g but not limited to alteration of records, destruction of records or other similar acts, sis for termination of employment. Training provided by payroll if needed.
Proxy Signature	Date
Director Information	
Banner ID	
Last Name(Print)	First Name(Print)
Department	Title
	above to act on my behalf when approving time and exception time. Proxies are approver but does not relieve the approver of their assigned responsibilities.
Director Signature	Date

Form Updated: 04-01-2025