

LAWSON SYSTEM BACKUP DESIGNEE FORM

Principal/Director Backup

Location Name & Number _____

Name of Principal/Director _____

Email address of Principal/Director _____

Name of Backup _____

Email address of Backup _____

I authorize the individual named above to have access to the Lawson system with the ability to approve requisitions and budget transfers upon my discretion. When a requisition or budget transfer is entered, both my designated backup and I will receive the email notification that an approval is needed. However, the requisition or budget transfer only needs one approval. After approval the requisition or budget transfer will flow through the system as designed. I understand that all approval actions are system documented with user id, date and time. It is my discretion when my back up will be allowed to take any approval actions.

Principal/Director Signature

Date

Secretary/Bookkeeper Backup

Location Name & Number _____

Name of Secretary/Bookkeeper _____

Email address of Secretary/Bookkeeper _____

Name of Backup _____

Email address of Backup _____

I authorize the backup named above to have access to the Lawson system with the security access the same as the individual also named above. I understand that all actions are system documented with user id, date and time.

Principal/Director Signature

Date

Please send this completed form to ETS, Dan Boehm, dboehm@greenville.k12.sc.us