MM032 – PCard holder line manager delegation request

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| Instructions | | | | | | | | | | |
| * Use this form when needing to change the PCard line manager details for a temporary period of time (**\*not shorter than 3 months**) in order to sign off Monthly Expense Sign off reports to ensure business continuity. * Refer to the online policy document for the line manager’s role and responsibilities, see: [Policy: Purchasing Card (PCard)](https://uct.ac.za/sites/default/files/content_migration/uct_ac_za/48/files/pur002.pdf). * **Please note:** For a permanent change in line manager, please complete the relevant HR forms. * Allow 5 working days for processing by Purchasing card administration. * Email the completed form to [fnd-pcard@uct.ac.za](mailto:fnd-pcard@uct.ac.za). | | | | | | | | | | |
| A. PCard holder’s current line manager details | | | | | | | | | | |
| Line manager name |  | | | | Department: | | |  | | |
| Staff number |  | | | | Purpose of temporary change (e.g. maternity leave, sabbatical leave, extended sick leave) | | |  | | |
| B. Delegated line manager details | | | | | | | | | | |
| Line manager name |  | | | | Department | | |  | | |
| Staff number |  | | | | Email address | | |  | | |
| Delegated period**\*** | Start date: | |  | | End date: | |  | | | |
|  | | | | | | | | | | |
| C. Authorisation | | | | | | | | | | |
| * The person named on this form in section A has a legitimate requirement to delegate their line manager responsibility for the delegated period in section B. * I authorise the requested temporary line manager delegation. | | | | | | | | | | |
| Line manager | |  | | Signature | |  | | | Date |  |
| Delegated line manager | |  | | Signature | |  | | | Date |  |
| HOD/Dean/Executive | |  | | Signature | |  | | | Date |  |
| Faculty Finance manager | |  | | Signature | |  | | | Date |  |