



New York State
Unified Court System
Sixth Judicial District

TRAVEL PROXY AUTHORIZATION

I, _____, hereby designate the 6JD Fiscal Unit staff listed below,
as my authorized proxies for any travel and expense transactions within the SFS, effective
_____ (date). Kronos ID: _____

Employee Name (printed): _____

Employee Signature: _____ Date: _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Travel Proxy Information:

Travel Proxy Name: Theresa M. Rogers
Travel Proxy E-Mail: trogers@nycourts.gov
Proxy Kronos ID: 1012435

Proxy Signature: _____ Date: _____

Travel Proxy Information:

Travel Proxy Name: Marit L. Juliussen
Travel Proxy E-Mail: mjuliuss@nycourts.gov
Proxy Kronos ID: 1024069

Proxy Signature: _____ Date: _____

Travel Proxy Information:

Travel Proxy Name: Sonia R. Munoz
Travel Proxy E-Mail: smunoz@nycourts.gov
Proxy Kronos ID: 1026487

Proxy Signature: _____ Date: _____

Fiscal: Travel Card Y/N? _____ Initials: _____ **HR:** Date Entered: _____ Initials: _____