

KRONOS ACCESS REQUEST FORM

Employee Name : _____ Employee ID #: _____

Timekeeping Access I am the Primary, Backup, or unit on Centralized Staffing
*Note: Payroll can only make **one** primary timekeeper per org.*

Scheduling Access

View/Print Access Only

ADD these orgs to existing orgs OR **DELETE access to any orgs other than the below.**

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

0 0 0 _____ ORG Name: _____

By accepting Kronos access, I understand and agree that:

1. I must attend the timekeeping and/or scheduling training class.
2. I must keep my Kronos password secure by not sharing it with anyone and by not leaving it (written) accessible. If I believe my password is not secure, I will change it immediately.
3. I must record my own timekeeping transactions via Telephone Time Entry or Badge Reader.
4. I may not make corrections to my own records via Kronos that would result in fraudulent payment.
5. I must maintain the confidentiality of the records for the employees whose records I access.
6. Failure to abide by the agreement above may result in the removal of my timekeeper access and appropriate disciplinary action up to and including dismissal.

Have you ever been to a Kronos training class? **Yes** or **No**

Employee Signature: _____ Date : _____

Dept Manager Signature: _____ EID # _____

For Payroll Office Use Only: PR mgr app _____ Training Schd _____ Training Comp _____