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.**

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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 _____