

Time Collection System Time Administrator Account Application (please print clearly)

Applicant's Name_			Date	
Applicant's Title			Tel. Ext	
• •				
	ary employee?			
Department Name	:	Supervisor_		
	d access to Time Conpt entry 6	Collection for: exempt entry	both	
			me Administrator in your	
If due to a replace	ment, please indica	ate whom you replac	ce	.•
entering time and/	or paid time off.		s) for which applicant will be	
1	2	3	4	
5	6	7	8	
responsibility of sa understand that ac any misuse of con including terminati By signing below,	afeguarding the con ccess to the system fidential information on.	fidentiality of all cur is granted only with in may be grounds for lity for work done us	r my department, I share in the rrent and past employees. I h supervisory approval, and th or disciplinary action up to and sing my account, and for	nat
Applicant Signatur	е		Date	
to notify the Payro responsible for tim notification to the fight responsibilities	ll Office when this pe input into the Tim Payroll Office at lea	person either leaves ne Collection Syster	amed applicant. I further agree is the department, or is no long m. I agree to send this vance of any change in staff o	ger
Department Head	or Supervisor		Date	
			Please allow one week for the Payroll Office at 6-4476.	
Office Use Only:				
Payroll Office Ápprova	.l	Security Role	eDate	
Security Created By		Date		