

**UNIVERSITY OF SOUTH ALABAMA HOSPITALS
TIMEKEEPER/AS ACCESS REQUEST**

NOTE: All information requested must be provided. Incomplete and unsigned forms will be returned or discarded.

TO BE COMPLETED BY REQUESTOR

Print your **NAME** (if no middle initial is given, one will be assigned), **WORK PHONE** number and **TITLE LOCATION** and **J - NUMBER**. Sign and date the form indicating your knowledge that your **USER I.D.** and **PASSWORD** are confidential and revealing these to anyone, including your supervisors and co-workers, can lead to suspension or dismissal (reference Sections 7.7 and 8.2 of the University Personnel Policies and Procedures Manual). You will be responsible for all work done under your password.

NAME: _____
 First **M.I.** **Last**

TITLE: _____ **LOCATION:** _____

Approval Rights _____ **Non-Approval Rights** _____

WORK PHONE # _____ **J #** _____

SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY SUPERVISOR

Fill in **DEPARTMENT NAME(s)** and **NUMBER(s)**. Access will be provided according to job title. Fill in Password Effective Date **if** you wish to limit this person's access to a given time frame or terminate access on a given date.

DEPARTMENT # _____

DEPARTMENT NAME _____

Password Effective Date: _____

Discontinue Access to Dept#: _____ Discontinue Access to Kronos _____

SIGNATURE: _____ **DATE:** _____

Please Print Name: _____

TO BE COMPLETED BY PAYROLL

Labor Level Profiles _____ User Profiles _____ Filter Profiles _____