

Prepared by: _____	E-Mail _____
Phone: _____	Date: _____

## Kronos Supervisor Access Request

Please specify who will need access to KRONOS. Also specify what type of access is needed and to whom they will need access.

Employee Name \_\_\_\_\_  
 Employee ID # \_\_\_\_\_  
 Employee Title \_\_\_\_\_

### Timecard access:

Access for Supervisor (check one):

- None
- Ability to view and approve employees' time only
- Ability to edit, view and approve employees' time
- Ability to edit, view, approve and sign-off employees' time

Access to whom Org ID # \_\_\_\_\_ (check one):

- None
- Entire Department  
 Org ID # \_\_\_\_\_
- Specific group of employees within the department. State how these employees are identified (i.e. by Job Class, Account Code, attached list, etc.)  
 \_\_\_\_\_

### Scheduler access:

Access to schedules (check one):

- None
- Ability to view schedules only
- Ability to view and edit schedules

### People access:

Access to employee information (check one):

- None
- Ability to view only
- Ability to view and edit

Access to whom (check one):

- None
- Entire Department  
 Department Service Line and Name \_\_\_\_\_
- By Job  
 Job Names \_\_\_\_\_

The access requested on this form is (check one):

- A new setup
- Replacing current access
- In addition to any access this employee already has

I authorize that the above individual may have access to KRONOS given the specifics identified. I also understand that the Payroll KRONOS Office must be notified when this access needs to be modified and/or terminated.

\_\_\_\_\_  
 Authorized Departmental Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Nursing Authorization (for Scheduler)