



ENTERPRISE TECHNOLOGY SERVICES

KRONOS Access Request Form

 Action Requested: ☐ Add Access ☐ Remove Access ☐ Modify Access

SUPERVISOR INFORMATION

First Name: Last Name:

HUH/HU Email: Office Phone:

Department:

EMPLOYEE INFORMATION

First Name: Last Name:

HUH/HU Email: Office Phone:

Position:

Are you a Contract employee? ☐ Yes ☐ No If Yes, for how long?

KRONOS ACCESS REQUEST INFORMATION: (You may only select one function)

- ☐ Timekeeper – Performs initial review of timecards
- ☐ Manager – Approves overtime and signs off on time cards

 Cost Centers/Department:

Supervisor Signature:

Date:

For Department Head Use Only

☐ Approved ☐ Denied ☐ Returned For More Information

Comments:

Signature:

Date:

For KRONOS Security Admin Use Only

☐ Approved ☐ Denied ☐ Returned For More Information

Signature:

Date: