

## **KRONOS SUPERVISOR ACCESS**

**Purpose:** To insure proper authorization of Timesheets and Monthly Absentee Reports in the case of missing supervisor signature or questions.

This is to be completed by the person that is authorized to sign Timesheets and/or Monthly Absentee Reports. Employees' direct supervisors are responsible for ensuring their timesheets are properly submitted and approved, even If timesheet approval has been delegated to a proxy.

Department authorized to	sign for (do not enter em	ployee names)		
Department Name		Departr	nent ID#	
Department Name				
Department Name			nent ID#	
Department Name			nent ID#	
Department Name			nent ID#	
Department Name		Departr	Department ID #	
Authorized to approve:	☐ Students	☐ Non-Exempt (Bi-Weekly)	□ Eva	mpt (Monthly)
Authorized to approve.	orized to approve. Students Mon-Exempt (bi-week			ript (Monthly)
Signature	F	Print Name	Date	Extension
Title				
Your Immediate Supervisor (Signature) Print Name		Print Name	Date	Extension
Title				
Instructions				
<ul> <li>Department(s) authori</li> </ul>	zed to sign for: Enter the D	epartment's name that you are authorized to	sign timesheets	or.
Department ID: If you or	do not know the department I	D, contact your Budget Manager.		
Supervisor Name:	Title: Print your name and Title.			
		your name and mile.		
• Extension: Enter your	telephone number.	your name and ride.		
<ul><li>Extension: Enter your signature: Your signature</li></ul>	·	your name and thie.		
Signature: Your signature:	ure.	authorized to approve? Check appropriate bo	ox(es).	
Signature: Your signature:	ure.  e: What timesheets are you a	•		pervisor.
<ul> <li>Signature: Your signate</li> <li>Authorized to Approve</li> <li>Your immediate super</li> </ul>	ure.  e: What timesheets are you a	authorized to approve? Check appropriate bo		pervisor.