**KRONOS SECURITY REQUEST FORM**

**Please complete all information on this form. Missing or incomplete information will result in delaying security access.**

**USER ID | | | | | MEDICAL CENTER EMPLOYEE ID# | | | | | I**

**NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |**

**Last First MI**

**PHONE # | | | |-| | | | |**

**Is this employee paid from the Medical Center Payroll? (Y/N)**

**What is your Kronos Role? ­\_\_\_\_\_ Timekeeper \_\_\_\_\_\_\_\_ Timkeeper/Approver (Manager)**

**Assign Same Access As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One: \_\_\_\_\_\_\_\_ New Kronos Security Change in existing Security setup Delete security**

**If change, is this in place of existing access or in addition to? (Circle one) IN PLACE OF ADDITION**

**Effective Date: ­­\_\_\_/\_\_\_/\_\_\_**

**List below each specific PeopleSoft department number and unit(s) that needs to be accessed by this timekeeper. Omission of this information will delay processing of request.**

**Department Unit (s) Department Unit (s) Department Unit (s) Department Unit (s)**

**Example: 2866000 – 0001, 0002\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Messenger Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization (both applicant and supervisor must sign before request can be acted upon due to auditing requirements)**

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor's Name (print)­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­**

**Return this form via fax: 434-243-0090**

**Please complete all information on this form. Missing or incomplete information will result in delaying security access.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DO NOT WRITE BELOW THIS LINE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Approved by: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded to IT Security ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Date)**

#### Revised 3/19/15 DYNGRP \_\_\_

**QUERY \_\_\_**