



# KRONOS AUTHORIZATION FORM

\*\*\*\* A separate form must be used for each timecard edit \*\*\*\*

\_\_\_\_\_  
Last Name                      First Name                      MI                      Employee ID

\_\_\_\_\_  
Campus / Location                      Schedule

The above named employee has been approved for the following change(s) to the KRONOS time records. Please circle appropriate action(s):

Change / Add:			
Clock-in	Clock-out	_____	_____
(circle one)		Date	Time
Reason: _____			

Change / Add Pay Code / Absence Code to: _____		
AESOP Conf #	_____	_____
	Date	Time

Request to work overtime:	
_____	_____
Date	Amount of Time
Reason: _____	
_____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

**Timecards will not be edited / changed until this form has been approved by your supervisor.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date