



KRONOS WORKFORCE REQUEST FORM



EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____
NETWORK USERNAME: _____
DEPARTMENT: _____ DIVISION: _____
SUPERVISOR: _____
EFFECTIVE DATE: _____

Request Type:

New

Modify

Request:

Supervisor

*If change effects multiple employees, attach a sheet with list of employees' names and #'s

Current:

Employee Name:

Employee #:

New:

Employee Name:

Employee #:

Meal Deduction:

*This process is for permanent changes to employee's records.

Current:

None

30 Minutes

45 Minutes

60 Minutes

New:

None

30 Minutes

45 Minutes

60 Minutes

Delegation:

*Delegation can only be granted to another Supervisor or Director with a Managers License

Delegator (Current Supervisor):

Employee Name:

Employee #:

Granted To:

Employee Name:

Employee #:

Explanation:

Supervisor: _____ Signature: _____ Date: _____

PLEASE PRINT NAME

Dept. Director: _____ Signature: _____ Date: _____

PLEASE PRINT NAME

ITT USE ONLY

Received by: _____ On: _____ Signature: _____
PRINT NAME DATE

Completed by: _____ On: _____ Signature: _____
PRINT NAME DATE