## Indiana State University Payroll Office

## Access Authorization for the UKG Time and Attendance System

<b>User Information:</b>	
First Name:	Last Name:
University ID:	User's Home Department (Banner Org Number):
Person completing form if diffe	erent from above:
e 1	rtment Head must be submitted on separate forms. If access is needed as a backup ate Authority option must be used. Details here:
Banner Org #:	Department or Off Campus Agency Name:

Type of access required (Check all that apply):

Non-Exempt Staff Payroll Student/Graduate Assistant Payroll Student Payroll Time Entry Assistant (no approval rights) Remove All Access

## **Department Head Authorization:**

I authorize the employee designated above to be granted access to the employee records for the above-named department(s) or off-campus agency on the UKG time and attendance system at Indiana State University. I understand that approvals and sign-off are required for payroll processing, and that modification to clocked times on a time card requires an explanatory comment. I understand my responsibility to provide the Payroll Office with a new authorization form in the event any changes to the above information or desired access are appropriate.

Department Head Name (Printed):	Department Head Signature:	Date: