

KRONOS SYSTEM USER ACCESS REQUEST

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REQUIRED: *Manager or Director's approval is required to complete your request*****

PART A: USER PROFILE INFORMATION

Date (mm/dd/yy): _____ Site: _____ Dept./Unit: _____
 Name: _____ ID #: _____
 Occupation: _____
 VCH email address: _____
 Tel #: _____
 Unit Manager: _____ Tel #: _____
 Effective date: _____ If known, access similar to: _____

Network Login:

vch\ vrhb\ fha\ infosys\
 phsabc\ Other: _____

User Name (ie. jsmith): _____

Is the applicant going to be replacing an existing ESP/WTK user? YES NO

If yes, please provide the following information: Employee: _____ ID #: _____
 Access Termination Date: _____

Please list the unit name(s) and cost centre(s) the employee should have access to:

COST CENTRE CODE e.g. BU003-72602000-01700	UNIT NAME e.g. VGH OR	STAFFING SERVICE TO COMPLETE: WTK UNIT DESCRIPTION

PART B: TYPE OF REQUEST

NEW / MODIFY: ADD CHANGE DELETE SUSPEND

System Access Required:

ESP Scheduling System

WTK Timekeeping System Approvals: Timecard View Only: Staffing/TK Office:

Other Service Desk: Payroll: Other: _____

PART C: GENERAL INFORMATION

➤ **APPROVAL:** By FAX: form must be signed by your manager
 By EMAIL: Manager/Director must be copied on the email

➤ **ACCESS:** User will receive access and training information via email (minimum 10 business days upon receipt of approved request)

➤ **CONFIDENTIALITY:** ESP/WTK contain employee information and must be treated as confidential

Manager/Director Approval: **APPROVED** Signature: _____ Date: _____
 Kronos Security Administrator: Signature: _____ Date: _____