



KRONOS APPROVAL DELEGATION FORM

This form gives Payroll and Disbursements the authorization to perform the Kronos "Approval" for the department listed below.

Separate forms are required if more than one pay period is being requested.

- 1) Forms must be signed and dated with a contact phone number or it will be returned.
- 2) Email completed form to the Payroll Department at payroll-dept@wmich.edu

Department Name: _____

Pay Period Number: _____

Pay Period Beginning Date: _____ (mm/dd/yyyy)

Pay Period Ending Date: _____ (mm/dd/yyyy)

Name: _____ Phone: _____

Signature: _____ Date: _____

Print, sign, date and then email to payroll-dept@wmich.edu