



Temporary Kronos/Semimonthly Timekeeping Access

Timekeeper

Supervisor

Effective Date: _____

Termination Date: _____

Org ID: _____ Department Name: _____

Name: _____

IMPORTANT: Please enter as it appears in system. Make sure to enter lower/upper case where necessary.

BroncoNet ID: _____

Email: _____ Phone: _____

Enter name of Timekeeper/Supervisor being replaced:

Authorized Signature: _____ Date: _____

Complete form, sign and date then email form to: payroll-dept@wmich.edu