

DEPARTMENTAL TIME AND ATTENDANCE MAINTENANCE FORM

Name: _____ Phone #: _____ Date: _____
(Person Submitting Request)

Approver Timekeeper Proxy - Approver Proxy - Timekeeper

Department/Budget Unit Title: _____ Timekeeping Organization #: _____

Current Employee:

_____ CWID# _____ Employee Name _____ User Name _____ Position #

Replaced By:

_____ CWID# _____ Employee Name _____ User Name _____ Position #

_____ Effective Date of Change _____ Employee Direct Phone #

REASON FOR CHANGE OF ACCESS

No Longer Needs Access to this Timekeeping or Approval Queue

Terminated or Retired

Other:

Transferred to Department:

New Timekeeping Organization #: _____

Date New Department was Notified: _____

Budget Unit Head: _____
Date

FOR BUSINESS AFFAIRS USE ONLY

NBAJOBS

Security

Email

NTRAPRX

NTRRQUE

Training