DEPARTMENTAL TIME AND ATTENDANCE MAINTENANCE FORM

Name:				Phone #:		Date:	
(Person Submitting Request)							
	Approver	Timekeeper	Proxy - Appro	ver	Proxy - Timekee	per	
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 CH	ANGE OF ACC	ESS			
No Longer Needs Access to this Timekeeping or Approval Queue				Terminated or Retired			
Other:				Transferred to Department:			
				Ne	w Timekeeping Organization	n #:	
				Da	te New Department was Not	ified:	
Budget Unit Head:							
Budget Omt Head.			Date				
FOR BUSINESS AFFAIRS USE ONLY							
NBAJOBS	Security	Email	NTRA	PRX	NTRRQUE	Training	