



**TimeTraq Access Request Form**

**Instructions:** This form is used to delegate access in TimeTraq. The completed form should include the type of access needed and what adloc (s) the user should have access. The completed form should be sent to Payroll Services (see contact information at the bottom of page).

- Add user     
  Delete user     
  Update current user

<b>Employee Name</b>	<b>Department Name</b>
<b>Employee UIN</b>	<b>Telephone</b>
<b>Email</b>	<b>Adloc (s)</b>

**Please check all that apply**

<input type="checkbox"/> <b>Department Administrator</b> access <input type="checkbox"/> Update (will allow user to view and edit information) <input type="checkbox"/> Update (will allow user to only view information)	<input type="checkbox"/> <b>Department Approver</b> access (Access will give user ability to approve ADLOC to Payroll)
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I understand that information concerning employees' identity which may come to my knowledge while using the TimeTraq Application is to be held in the strictest confidence and may not be disclosed except as provided in policy and procedures pertaining to the performance of my job duties and assignments. By logging on to this computer system, I acknowledge my responsibility for strictly adhering to university policy and state and federal law. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from TimeTraq.

In addition, I understand that computer system password(s) I receive or devise is (are) confidential. I will not disclose to any unauthorized person any password(s) which I am given or devise and I will not write down such password(s) or post them where they may be viewed by unauthorized people. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of my password(s). I agree further NOT to attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources I am not authorized to use.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
**Date**

SUBMIT COPY OF FORM TO: PAYROLL SERVICES  
 WR BANKS BLDG SUITE 114  
 MS 1311  
 Fax (936) 261-1955

NEED HELP?  
 (936) 261-1904