## MyCOH Time Security Access Form-Timekeeper Role

\*Please complete and submit via DocuSign to your ARA payroll representative.

A **timekeeper** is an employee designated by their respective department who is responsible for ensuring the accuracy of records they have been assigned to within the electronic timekeeping system. This form grants **department-wide** access to the MyCOH Time System.

Employee Name		Employee Number	
Employee phone number	Employe	Employee email address	
Dept Number:	Department Name:		
Request to (place an "x" next to	request type)		
Start Access	Stop Access	Effective Date	
Reason for Request			
User Acknowledgment of Resp	oonsibility		
I understand and agree to maint payroll/timekeeping information	•	•	v and maintain sensitive
-I agree to maintain strict confident -I have completed MyCOH Training Date Completed: -I will not share my log in credential	for COH Timekeepers		
-I will change my password when I	•	•	
-Use of the City's information service-I may only access data to which I h			ty.
-I have read and understand AP 2-4	•		
Employee Signature	Employee Ni	 umber	 Date

## **Department Acknowledgment of Responsibility:**

I understand and agree to monitoring the access of sensitive payroll/timekeeping system data. I specifically agree to the following:

- I understand that this is Department-wide access to the MyCOH Time system
- -I will remove access if the designated employee's duties change and no longer require access.
- -The requested has completed the required MyCOH Time for COH Timekeepers training in TMS.
- I understand that the responsibility for the accuracy of approved timecards remains with supervisors/managers.
- -I have read and understand AP 2-4 Electronic Timekeeping Policy.

Requesting Manager Approval Signature	Employee Number	Date
Department Director or Designee Approval Signature	Employee Number	Date
<b>Dept Payroll Representative</b> initial for acknowledge	ement	
ARA Payroll Director Approval	Date	
HITS completed by:	Date	