



ELECTRONIC SIGNATURE AGREEMENT FOR PAYROLL TIME REPORTING (Authorizer of Time Form)

Completion of this form is a pre-requisite to achieving access to the Payroll time input system. This is an **agreement of understanding for the use of the electronic signature** for authorizing your staff's time worked as reported through the network Time Input Processing System (TIP).

(please type or print)

Your Name: _____ Title: _____

Your Employee Number: _____

Your School or Location/Department: _____

Upon receipt of your sign-on for the network Time Input Processing System (TIP), you will establish your own password that only you will have knowledge of. It is your responsibility to keep your sign-on and password from the knowledge of others. If you suspect a breach in security of your password, modify your password immediately using the TIP System menu, and report any suspicious activity to the Payroll Department or Technology Hotline (BERT).

Your "authorization level" sign-on/password allows you the ability to verify and authorize your staff's payroll time sheets in TIP. If you choose to have another person(s) in your school/department authorize your staff's time sheets in your absence, they need to have their own electronic signature agreement and a unique sign-on/password. Only you and your designee(s) will have the ability to authorize (sign) time sheets, as long as you keep your sign-on and password secure. By selecting the "authorized to pay" button on a staff's time sheet screen, you are certifying under penalty of perjury that the staff's time reported correctly reflects the attendance and/or absences of the employee for the pay period indicated, and that you are authorized to certify said time. Falsification or omission of material information from District records or any report or statement required of or submitted by an employee and/or inappropriate use of computer systems will be cause for disciplinary action(s) consistent with Policy 5010 "Employee Conduct Rules" and Policy 6973 "Telecommunications & Electronic Inf. System", and may also result in revoking system access privileges, initiating legal action(s), and/or taking any action(s) deemed appropriate for the inappropriate activity.

Selection of the "AUTHORIZED TO PAY" button on the TIP time sheet screen, based on your sign-on and password, is deemed to be in writing signed by you as one and the same, as indicated by your signature below, and will be admissible to the same extent and conditions as other signature records originated and maintained in documentary form.

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My signature below confirms that I have carefully read the above, understand and agree with the use of my sign-on/password as a valid representation of my written signature for the sole purpose of authorizing and validating the accuracy of my staff's payroll time reporting and that I am aware of the consequences that will result from my non-compliance of keeping my sign-on/password secure from others.

Your Signature: _____ Date: _____

Please send the completed form to Payroll @ CAB, Room 208. If you have any questions completing this form, please call the Payroll Office, X1236.