



ELECTRONIC SIGNATURE AGREEMENT FOR PAYROLL TIME REPORTING

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 verifying time worked as reported through the network Time Input Processing System (TIP).

(TYPE OR PRINT)

Employee Name: _____ Title: _____
Employee No: _____
School or Loc/Dept: _____

Employee electronic signature agreement:
Upon receipt of your sign-on for the network Time Input System Processing (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, change your password immediately using the TIP System menu, and report any suspicious activity to the Payroll Department or Technology Hotline (BERT).
Based on your sign-on and password, you will be the only person with access to verify (sign) your time screen. If your timekeeper, administrator, or Payroll Department needs to alter any information on your time screen, the time screen will require you to verify (sign) it again. No one else but you has the ability to verify (sign) your time sheet as long as you keep your sign-on and password secure. By selecting the verify button on your time sheet screen, you are certifying under penalty of perjury that your time reported correctly reflects the attendance and/or absences for the pay period indicated. 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 VERIFIED 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.
* * * * *
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 validating the accuracy of my 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.
Employee 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.