



PAYROLL - TIME INPUT PROCESSING (TIP) SYSTEM

SECURITY AUTHORIZATION REQUEST FORM

For establishing access to the Payroll Time Input System:

Date: _____ Type of action: ___ ADD SECURITY PROFILE ___ CHANGE SECURITY PROFILE ___ DELETE SECURITY PROFILE Reason for request: _____	
EMPLOYEE INFORMATION: Print Name: _____ Employee No: _____ School/Dept: _____ Phone Number: _____	JOB FUNCTION (CHECK ONE) <input type="checkbox"/> Authorizer of time Timekeeping Location # _____ <input type="checkbox"/> Timekeeper Timekeeping Location # _____
Administrator who will be authorizing the above employee's time: (please print) Name: _____ Administrator signature: _____ Date: _____	
SECURITY OFFICER USE ONLY: Locations: _____ Activated: _____ Function level set: A or T Network Drive complete: _____ TIP Security Officer: _____ Completion Date: _____	

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