

Prepared by: _____	E-Mail _____
Phone: _____	Date: _____

Charge Nurse Kronos Access Request

Please specify who will need access to KRONOS. Also specify what type of access is needed and to whom they will need access.

Employee Name _____

Employee ID # _____

Scheduler access:

Access to schedules (check one):

- None
- Ability to view schedules only
- Ability to view and edit schedules

Access to whom (check one):

- None
- Entire Department
Department Service Line and Name _____
- By Job
Job Names _____

The access requested on this form is (check one):

- A new setup
- Replacing current access
- In addition to any access this employee already has

I authorize that the above individual may have access to KRONOS given the specifics identified. I also understand that the Payroll KRONOS Office must be notified when this access needs to be modified and/or terminated.

Authorized Departmental Signature

Date

Nursing Authorization