Employee Time and Attendance Information Form

Employee's Name: *(Last)* *(First)* *(MI)*	**Assignment Number:**
Department Name:	**Badge Number:**
HR Rep Name: *(Last)* *(First)* *(MI)*	**HR Rep Asgn No:**
Supervisor's Name: *(Last)* *(First)* *(MI)*	**Supervisor's Position Number:**

Pay Rules ***(Check One)***

☐ CR 30 MIN LUNCH	☐ EXEMPT	☐ LAW ENFC NO LNCH 10
☐ CR 30 MIN LUNCH 10	☐ EXEMPT 30	☐ LAW ENFC 30 MIN LNCH 10
☐ CR 45 MIN LUNCH	☐ EXEMPT 45	☐ LAW ENFC 45 MIN LNCH 10
☐ CR 45 MIN LUNCH 10	☐ EXEMPT 60	☐ LAW ENFC 60 MIN LNCH 10
☐ CR 60 MIN LUNCH	☐ LAW ENFC NO LUNCH	☐ NO SCHD RD
☐ CR 60 MIN LUNCH 10	☐ LAW ENFC 30 MIN LUNCH	☐ NO SCHD RD 10
☐ CSCD EXEMPT	☐ LAW ENFC 45 MIN LUNCH	☐ PART TIME
☐ CSCD NON EXEMPT	☐ LAW ENFC 60 MIN LUNCH	☐ PART TIME 30 MIN LUNCH

Kronos Entry Type ***(Check One)***	**Kronos Supervisor Access** ***(Check One)***
☐ Clock ☐ Paper ☐ Web - Time Stamp ☐ Web - Time Entry ☐ Other	☐ Department Supv - Emp Group _____ Or Supervisor Pos no _____ ☐ Super Supv - Emp Group _____ Or Supervisor Pos no _____

Copy must be attached to *New Employee and Position Change Form.*

Form No AUD PR 2.