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 BAILIFF**

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.