

**MyCOH Time Security Access Form- Timekeeper Role**

\*Please complete and submit via DocuSign to your ARA payroll representative.

A **timekeeper** is an employee designated by their respective department who is responsible for ensuring the accuracy of records they have been assigned to within the electronic timekeeping system. This form grants **department-wide** access to the MyCOH Time System.

**Employee Name** \_\_\_\_\_ **Employee Number** \_\_\_\_\_

**Employee phone number** \_\_\_\_\_ **Employee email address** \_\_\_\_\_

**Dept Number:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

Request to (place an "x" next to request type)

\_\_\_\_\_ Start Access      \_\_\_\_\_ Stop Access      Effective Date \_\_\_\_\_

**Reason for Request** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**User Acknowledgment of Responsibility**

I understand and agree to maintain the trust placed in me by the city to view and maintain sensitive payroll/timekeeping information. I specifically agree to the following:

- I agree to maintain strict confidentiality of all information related to employee's time and pay record.
- I have completed MyCOH Training for COH Timekeepers via Training Management System (TMS).  
Date Completed: \_\_\_\_\_
- I will not share my log in credentials.
- I will change my password when I suspect it has been compromised.
- Use of the City's information services are restricted to authorized business use only.
- I may only access data to which I have specific authorization.
- I have read and understand AP 2-4 Electronic Timekeeping Policy.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employee Number**

\_\_\_\_\_  
**Date**

