

ACKNOWLEDGEMENT OF UNDERSTANDING

Please return this completed page to your campus Timekeeper Manager within five days of receipt.

This is to verify that I have received a copy of the EM-S ISD KRONOS Timekeeping Guidelines. I understand that the document I received contains specific information, rules, and consequences that are extremely important to me and that I must read and complete this form to acknowledge my understanding of District guidelines and practices. I also understand that any changes to District policy or law could cause changes to the content of this document and it is my responsibility to periodically review it on the District’s website for updates and new information.

Completed forms should be returned to your Campus/Department Timekeeper Manager **within 5 days of receipt.**

If you have questions about any information contained in this document, please contact the EM-S ISD Payroll Department at 817-232-0880.

Employee’s Name: _____
(PRINT FIRST AND LAST NAME)

Campus/Department: _____

Employee’s Signature: _____ Date: _____