

Missouri State University™
Zip Card Time Clock Authorization Form

NAME _____

SSN _____ PHONE _____ NT ACCOUNT _____

REPLACEMENT ☐ NO ☐ YES - IF YES, FOR WHOM _____

☐ PRIMARY ☐ BACKUP – IF BACKUP, FOR WHOM _____

BUDGET NUMBERS

AUTHORIZED TO USE:

FOR OFFICE USE:

JOB CODES

_____'_____'_____
_____'_____'_____
_____'_____'_____
_____'_____'_____

Keep your password secret!!! It uniquely identifies you within the ZIP Card System. The use of a password is a security feature designed for your benefit. Its purpose is to provide a method to verify that it is actually you who has signed on to the system and are making valid corrections and inquiries.

I understand that using my NT account ID is an electronic signature and accept responsibility for any changes made using my ZIP Card System access password. I will notify Payroll or the ZIP Card Office should I change departments or leave the university.

Signature

Date

DEPARTMENT HEAD AUTHORIZATION

Printed

Signature

Date

FOR OFFICE USE:

LOCATION OF CLOCK _____ CLOCK # _____

