

**University of Virginia Health System
Timekeeper Responsibility Acknowledgement and Agreement**

It is the policy of the University of Virginia Health System to protect the confidentiality of information that resides in its information systems to include data on employees, students and other business/financial data. Your access and use of designated accounts and their data are subject to the following terms and conditions.

1. **I will access the University of Virginia Medical Center’s Time and Attendance application and use the data it contains to conduct Health System business only.** Access or use of the system and the administrative data it contains for my own personal gain or profit, for the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden. This includes but not limited to my access to the Medical Center Temp Services for timekeeping purposes.
2. **I will respect the confidentiality of individuals to whose records I have been given access.** I will observe any ethical restrictions and will abide by applicable laws and policies with respect to access, use, or disclosure of administrative data and information.
3. **I will not give data to persons not authorized to have access to it.** I understand that the University of Virginia Health System expressly forbids the disclosure of unpublished administrative data or the distribution of such data in any medium, except as required by my job duties and responsibilities and which have been approved in advance.
4. **I will follow control procedures and take reasonable measures to protect the administrative data to which I have been granted access.**
5. **I agree to perform only transactions which affect employees and/or accounts for which I have responsibility or authorization.**
6. **I will not disclose my access code and/or password to other individuals.** I will not use another person’s access code or password. If I have reason to believe that my username or password, or that of another individual has been compromised or is being used by a person other than the individual to whom it was issued, I will report it to a supervisor or the Data Base/Security Administrator.
7. **I understand that I will be held responsible for the consequences of any misuse occurring under my “User ID” and “Password” due to any neglect on my part.**
8. **I agree neither to enter my own original clocking transactions, nor to make adjustments to my own clocking transactions through the Kronos Application.**
9. **I will be responsible for the accurate presentation of administrative data and will be responsible for the consequences of any intentional misrepresentation of that data on my part. Employees will clock their own time and I will not enter clocked time for an employee unless an employee has missed a clock in/out.**
10. **I will not change an employee’s clocked time unless there is an exception error or if directed by Payroll.**
11. **I understand that the transactions processed through the Kronos application will be audited. The University of Virginia Health System will take appropriate action when improper uses are detected.**
12. **I agree to follow the policies and procedures established by the University of Virginia Health System for the use of the time and attendance.** Failure to do so may result in the revocation of my system privileges and/or disciplinary actions, including termination of my employment.

My signature indicates that I have read, understand, and agree to abide by the terms and conditions of this agreement (required before a personal access code and password is assigned).

Employee’s Name (Please Print)

Employee’s Signature

Date

Department

ID number or Birthday for
non-medical center employees