



**UltraTime Supervisor Authorization Form**  
*for*  
**Hourly Payroll Time-Keeping Approval and/or Administration**  
**—Combined System—**

*This form is required to allow approval and/or administration of hourly payroll time records via UltraTime, the University of Notre Dame's electronic time-keeping system and/or paper time sheets. The Payroll Department will notify you when the form has been processed and full functionality is available.*

**Section 1—Applicant Information. All blocks must be completed.**

Name:	Title or Position:
NetID:	E-mail:
Department:	Banner Org. Code (00000):
Campus Address:	Campus Phone/Cell Phone:

**Section 2—Access Level. Select one.**

**Web Time Entry:** *This is recommended for all first time users of UltraTime.*       Add       Delete (to inactivate access)

**UltraView:** *This version of UltraTime is only recommended for experienced UltraTime supervisors who have responsibility for providing reports to administrators.*       Add       Delete (to inactivate access)

**System Administrator:** *Contact the Payroll UltraTime Administrator for information.*       Add       Delete (to cancel authority)

**Section 3—Substitute Supervisor. Every UltraTime supervisor must have a substitute who will approve employee hours if the primary supervisor is unavailable to do so because of absence or any other reason.**

<b>Name of substitute for me (Required):</b>	<b>Substitute's Phone/ Cell Phone:</b>
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**I will substitute for (not required):**

**Section 4—Affirmation. Read the following and sign below to indicate you understand the responsibility involved in serving as an UltraTime supervisor and agree to comply with all pertinent laws, regulations, and University policies regarding payment for time worked by hourly employees.**

**I understand it is my responsibility to ensure approval of employee hours is based on my direct knowledge that the hours reported, whether in electronic format or on paper time sheets, are factual. I agree it is my responsibility to notify Payroll in a timely fashion of any change in my authorization rights caused by new assignments, transfers, or terminations.**

**Applicant**  
**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 5—Departmental Agreement. This form must be signed by the unit/department director or chair to indicate authorization of this applicant as an UltraTime supervisor is just and appropriate.**

**Departmental**  
**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit this form to: UltraTime Administrator, Payroll Department  
724 Grace Hall, Fax: 574 631-3138**