



CAMERON COUNTY AUDITOR'S OFFICE

1100 E Monroe St. • Brownsville Texas 78520 • (956) 544-0822 • Fax (956) 548-9527

Timekeeper Authorization Form

Section 1: Timekeeper Information

Full Name _____ Employee ID _____ Job Title _____
Email Address _____ Contact Number _____ Department _____
Office Address _____ Fundings: _____

Section 2: Authorization Details

Effective Date: _____ End Date (if temporary): _____

Scope of Access (check all that apply):

- Correct Missed Punches View Only Access
In/Out

Supervisor Name _____ Signature _____ Date _____

Section 3 : Acknowledgements by Assigned Timekeeper

- I acknowledge that I am responsible for the accurate entry, editing, and submission of assigned department employees' work hours as stated on the Cameron County Personnel Policy 7.08.
- I understand I have the responsibility to verify and submit complete timecards by **Friday at 12 pm** on the week before a paycheck.
- I certify that employee timecard changes shall not be made without the consent and authorization of said employee.
- I certify that I am responsible for the secure storage of all department staff pay stubs and for distributing them on scheduled pay dates and upon request.
- I certify I will obtain a Time Adjustment Form signed by designated supervisor before adjusting Employee's Timecards for missed punches In/Out.
- I certify I have the responsibility to assign the supervisor to the appropriate staff.
- I have completed the required training for timekeeper responsibilities.

Training Completed On: _____

Training Type: _____

Timekeeper Signature _____ Date _____

Section 4: System Access (Auditor's Office Only)

Timekeeping System Name _____

User ID / Login Name _____

Access Level Assigned _____

Auditor' Office Payroll Authorization _____