



Nvision – Timepiece User Form

District Name: _____ Date: _____

User's Name: _____

Email Address: _____ User's Phone Number: _____

Copy Access From: _____

Please check all appropriate boxes and complete the required areas for the roles.

Permissions – Please check the appropriate boxes - REQUIRED	
<input type="checkbox"/>	Allow user to exceed employee attendance balances
<input type="checkbox"/>	Allow disapproval for any employee approved for payroll
<input type="checkbox"/>	Allow user to schedule their own time
<input type="checkbox"/>	Allow user to update/approve their own time
<input type="checkbox"/>	Allow user to view pay distribution with punch summary
<input type="checkbox"/>	Allow user to schedule approved events

<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Payroll Clerk Backup	<input type="checkbox"/> Administrator
<input type="checkbox"/> Human Resources	<input type="checkbox"/> View Only	

<input type="checkbox"/> Approver
SUB WORK GROUPS: Please list - REQUIRED

<input type="checkbox"/> Supervisor
SUB WORK GROUPS: Please List - REQUIRED



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STATEMENT OF CONFIDENTIALITY:

By submitting this application, you are agreeing to:

1. I will not share my password.
2. That any action or activity taken with a password will be attributed to the owner of the password.
3. Not obtain unauthorized access to and use of an account and network facilities, for personal or private use.
4. Not divulge the contents of any database holding personnel and confidential information related to children, parents, or school business operations.

The Help Desk reserves the right to change any user's password if they are aware the password has been shared.

When there is any indication or unauthorized use or abuse of the system or any other action which interferes with the proper functioning of the system, or infringes on the rights or other users, the NYS Education Department, Broome-Tioga BOCES, or other appropriate agencies will be appropriate authorities for disciplinary or legal action. System users have a responsibility to maintain the integrity of the system and to use it only in an authorized and appropriate manner.

USER SIGNATURE: _____

AUTHORIZED SIGNATURE: _____

Refer any questions regarding these policies or procedures to 607-766-3800 Option 3. You will be connected to the Financial Services Help Desk.

Please email this form to financialservices@btboces.org