



APR 11 10 00 AM '10

KRONOS Acknowledgement Form

As a substitute employee, I acknowledge that I have received information that Fort Worth ISD will track the hours worked for purposes of meeting requirements of the Patient Protection and Affordable Care Act (ACA).

I further acknowledge that I have received instructions regarding the use of the KRONOS clock and I have reviewed the process of registering my time worked upon arrival and departing my badge at the KRONOS time clock.

I also acknowledge that I have received a Fort Worth ISD identification badge that is equipped with a bar code on the back in order to capture the time I swipe the clock.

Employee Name (PRINTED)

FWISD Employee ID Number

Employee SIGNATURE

Date