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### 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.

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Employee Name (PRINTED)

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FWISD Employee ID Number

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Employee SIGNATURE

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Date