



## Timekeeping Procedure Policy Acknowledgement

Employee: \_\_\_\_\_

Location # \_\_\_\_\_

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Per Policy 3.5 Timekeeping, I, \_\_\_\_\_ (Employee of SSA) am responsible for maintaining an accurate and complete record of all my hours worked and time off. As a nonexempt employee, I am required to record my own time at the start and at the end of each workday in the ADP app using the SSA company tablet/equipment at my work location, or my own Geo-enabled ADP mobile check-in and check-out feature for locations with no SSA tablet/equipment.

I understand that I am required to follow the company's process in tracking and submitting my accurate compensable hours, non-paid absences, and approved paid time offs using the company's designated method by 5 PM Monday of the pay week to be paid. Failure to submit my time or follow procedures may result in the delay or disapproval of compensation.

I acknowledge that failure to use the designated company equipment and ADP app are reasonable basis to not allow me to work at store locations with SSA timekeeping equipment installed or requires ADP mobile app check-in and out.

I further acknowledge that I received a copy of the company's handbook during my orientation and have discussed its contents. Employees may correct or make changes in their time records only if initialed by their manager or supervisor within the same pay cycle. Falsification of time records will result in discipline up to and including termination.

SSA reserves the right to amend or alter the terms of this policy.

Employee acknowledgment:

I, \_\_\_\_\_, have received, read, and understand the State Security Agency's Timekeeping Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date