



www.e-cbi.com • P.O. Box 54221 • Jacksonville • Florida • 32245-4221 • Phone: 904-354-2073 • Fax: 904-354-6332

Employee Roster

Company: _____

Please list each employee you wish to have access to e-CBI. Fax this sheet back to e-CBI at **904-354-6332**.

	Full Name	User Name (6-10 UPPER case characters)	Password (6-10 UPPER case characters)	Time In	Time Out	DOB	Last 4 Digits for SSN
	<i>Ex: Joe Smith</i>	<i>SMITHJ</i>	<i>TIGER12</i>	<i>8:00am</i>	<i>5:00pm</i>	<i>09-25-68</i>	<i>0352</i>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please indicate your time zone so we can accurately program the Time In and Time Out: _____

NOTE: If you would like to Designate a System Administrator, please place an * beside their name.
Be sure to keep this roster in a safe place as it will contain confidential information.