



Baldwin-Whitehall School District

District Administration

Skyward Employee Access Form

I hereby authorize my employer, Baldwin-Whitehall School District, to initiate Skyward's Employee Access. By doing so, I will be able to view payroll demographics information, pay history, time off data and tax information.

Name _____

Position _____

Email Address _____

Please print legibly and be certain your information is correct or you will not receive your employee access login and password information.

By signing below, I acknowledge that I am responsible to inform Payroll with any change to my email address. Failure to do so may delay my ability to access Skyward.

Signature _____ Date _____

Please return completed form to Payroll @ Admin. for processing.

12/2013