



cincinnati time systems



## Account Profile for:

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## Section 1. GENERAL

### Survey Overview

This survey is designed to help us determine your requirements and desires for a new time-keeping system. We will use this information to choose and offer you the appropriate product from our product line or inform you if we cannot offer a product that will meet your needs. Just click in the boxes to type the requested answers or click to place an "X" in the check boxes.

### Completing the survey electronically

You can fill out the Questionnaire electronically, or you can print it and fill it out manually. To complete it electronically, follow the instructions below. Please go to the end of the document to add any additional notes that won't fit in each section.

1. Advance to the next entry field either by pressing the [Tab] or [Page Down] keys, or clicking the field with your mouse. To view a different page or page section, use the scroll bar on the right side of your screen.
2. For *text fields*, type in the field. For *check box fields*, press the space bar or click the check box. For *drop-down list fields*, select an item from the list.
3. When you are finished, go to "file", "save as" and save the file as your Company Name.doc

### Company Information

Company Name			
Address			
City/State/Zip			
Main Phone #			
Fax #			
Web Site Address			

### Locations

How many physical locations does your company have?

If more than one, how many will require timekeeping?

### Contacts

Role	Name	Phone #	Ext.	Email Address
Sales Contact				
Primary User				
IT / Technical				

## Section 1. GENERAL

### Employee Information

Total number of employees in your company?	
Are your Employees Union / Non-Union / Both?	

### Project Reasons & Goals

What method(s) do you currently use <input type="checkbox"/> Manual <input type="checkbox"/> Software <input type="checkbox"/> Clocks <input type="checkbox"/> Web <input type="checkbox"/> Other for time-keeping?	
What do you like about the current method?	
What do you dislike about the current method?	
What is driving the review of a new time system?	
What are the primary goals for a new system?	
Who is the primary decision maker?	
What are the decision factors other than cost?	
What is the targeted "go live" date for a new system?	

### IT / Network Environment

Is your preference for a Licensed (on premise) or Hosted (SAAS) product?	<input type="checkbox"/> Licensed <input type="checkbox"/> Hosted
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## Section 2. RULES & POLICIES

### Shifts / Schedules

Do you have a 24 hour operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many shifts of operation do you currently have?	
Is time worked across midnight ever split between the two days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do employees have specific start / stop times (schedules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do start / stop times vary from day to day or week to week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there any predictable rotation every so many weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No # of weeks
Approximate number of different start / stop times?	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 100 <input type="checkbox"/> More than I can count
How are employee schedules currently generated?	<input type="checkbox"/> Hand written sheets <input type="checkbox"/> Software (spreadsheet) <input type="checkbox"/> Scheduling program
How frequently are they generated?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

### Holidays

Do any employees receive holiday benefit pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the qualifications to receive this benefit?	<input type="checkbox"/> Employed at least _____ days <input type="checkbox"/> Must work scheduled day before holiday <input type="checkbox"/> Must work scheduled day after holiday <input type="checkbox"/> Must be scheduled on the holiday <input type="checkbox"/> Must be scheduled off on the holiday
Are there any other issues or rules regarding holiday pay that we should be aware of?	

## Section 2. RULES & POLICIES

### Differentials & Premiums

Does your company pay premiums or shift differentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
Differentials/premiums are paid based on: <i>(check all that apply)</i>	<input type="checkbox"/> A particular shift or schedule worked <input type="checkbox"/> A fixed time window <input type="checkbox"/> Day of the week worked
Differentials/premiums are paid as:	<input type="checkbox"/> An add on dollar amount <input type="checkbox"/> A percentage of your base rate <input type="checkbox"/> A specific rate

### Unusual Rules

Does your company pay for hours On-Call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company pay guaranteed hours on certain days for certain groups of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Salaried Employee Tracking

Would you like your salaried employees to be included in the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
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### Accruals / Benefits

Would you like to use the system to track accrual codes or benefits such as Vacation, Sick, PTO, etc...?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
Can you provide a complete written policy on any accrual rules your company has in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please forward or attach documentation.

### Point System / Attendance Tracking

Would you like the system to automatically track point or occurrence balances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
Can you provide a complete written policy on your Attendance or Point System?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please forward or attach any documentation.

### Section 3. INPUT / OUTPUT

#### Labor Distribution / Tracking

Do you track employee hours by department, job, task, etc...?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
If yes, do you currently pass this information to your payroll provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labor tracking data can be input by several different means. Check all methods you would be interested in using:	<input type="checkbox"/> Employee function key at the clock <input type="checkbox"/> by Supervisor at the clock <input type="checkbox"/> by Supervisor in the software <input type="checkbox"/> by Employee through the web

#### Data Collection

Data collection can occur by different methods. Please check any and all methods you are interested in using at your company:	<input type="checkbox"/> Badge Reader <input type="checkbox"/> Biometric Hand Punch <input type="checkbox"/> Biometric Fingerprint Reader <input type="checkbox"/> Phone-In <input type="checkbox"/> PC through the network <input type="checkbox"/> Web Punch <input type="checkbox"/> Hand held device
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#### Bells / Access

Does your facility have/need bells or some other audible device to signal the start/end of work, breaks, meals, etc...?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip this section)</i>
Do the timeclocks need to trigger the bells or do you have a separate system that handles this?	<input type="checkbox"/> Timeclock(s) <input type="checkbox"/> Other system
Will you require any clock terminals to trigger a door lock to gain access? If yes, will this be replacing an existing clock terminal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3. INPUT / OUTPUT

#### Payroll Interface

Do you send your payroll data to an outside payroll provider for processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name of your payroll service and/or software application?	

#### Notes

Please use this section to type any notes or comments you have about any of the sections in the survey.	
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