



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON YONGSAN - CASEY
UNIT #15333
APO AP 96205-5333

29 OCT. 2018.

IMYN-ZA

UNITED STATES ARMY GARRISON YONGSAN – CASEY POLICY LETTER #27

SUBJECT: Time and Attendance (T&A)

1. REFERENCES:

- a. Title 5 of the United States Code (USC), Chapter 61, Hours of Work
- b. Title 5 USC, Chapter 55, Pay Administration, and Subchapter V-Premium Pay
- c. Title 5 USC, Chapter 8, Fair Labor Standards Act
- d. Title 5 of the Code of Federal Regulations (CFR), Part 551, Pay Administration under the Fair Labor Standards Act (FLSA)
- e. Title 5 CFR, Part 550, Pay Administration (General)
- f. DOD Regulation 7000.14, Financial Management Policy and Procedures, Volume 8, Chapter 2, Time and Attendance, April 2013
- g. Collective Bargaining Agreement between USFK/EUSA and NFFE, local 1363, January 2003
- h. Labor Management Agreement between United States Forces, Korea (USFK) and USFK Korean Employees Union, 26 May 2009
- i. USFK Regulation 690-1, Civilian Personnel Regulations and Procedures, Korean Nationals, 1 July 2017 & interim change to USFK Reg 690-1, pertaining to Leave and Pay Administration of USFK Korean Employees
- j. Army in Korea (AK) Regulation 690-610, Excused Absences of Civilian Employees, 25 March 2009
- k. Standard Operating Procedures (SOP), 175th Financial Management Center (EANC-FMC), KNPAY Time and Attendance Module (KTAM) for the Korean National Payroll System, 17 August 2012
- l. IMCOM Regulation 690-610, Civilian Personnel Work Schedules, 15 May 2014

2. PURPOSE AND PROPONENCY: The purpose of this policy memo is to document the proper processes and procedures used by the U.S. Army Garrison (USAG) Yongsan-Casey to grant and manage users' access for the Automated Time and Attendance Access and Production System (ATAAPS) for U.S. Civilian Employees, and KNPAY Time and Attendance

Module (KTAM) for Korean National Employees. The proponent for this policy is the Manpower and Agreements Branch of the Resource Management Office.

3. **APPLICABILITY:** This policy applies to all U.S. Civilians and Korean National (KN) employees assigned or attached to USAG Yongsan-Casey.

4. **POLICY:**

a. Legislation, directives and regulations establish standards for defining the minimum level of quality acceptable for time and attendance accountability. Internal controls must be established to provide reasonable assurance the objectives of the systems are accomplished. Reasonable assurance equates to a satisfactory level of confidence under given considerations of cost, benefit, and risk.

b. Access to resources and records is limited to authorized individuals. The basic concept behind restricting access is to help reduce the risk of unauthorized use or loss to the Government, and to achieve the directives of management.

c. The certification of time and attendance is an authorization for expenditure of Government funds. Accordingly, the certifying official may be held pecuniary liable for illegal, improper, or incorrect payment resulting from their certification.

d. For each civilian employee, a daily record of time in pay and non-pay status should be maintained by a designated timekeeper who takes no part in preparing the payroll. Every first-line supervisor will establish normal duty hours by completing IMCOM Form 1-A (Enclosure 1) for each employee and a copy retained by the time keeper for validation. If the first-line supervisor is not the Director, they should sign first block and forward to Director for approval and signature in the "Responsible Official Signature" block. If the first-line supervisor is the Director, the Director can sign both approval blocks.

5. Roles and Responsibilities

a. Employee/User: A user has non-privileged access in ATAAPS and does not require completion of a DD Form 2875, System Authorization Access Request (SAAR) (Enclosure 2). The user/employee is able to record their own timecard information each pay period in ATAAPS. Users are responsible for the following:

(1) Ensuring scheduled hours in ATAAPS accurately reflect the authorized work schedule for each pay period.

(2) Providing an electronic accounting of hours worked and leave taken by the established deadline for each pay period.

(3) Accurately coding all work or leave hours each pay period.

(4) Electronically "Concurring" time worked and leave taken once hours are accurately entered on the timesheet.

b. Timekeeper: A timekeeper has privileged access in ATAAPS and requires completion of a DD Form 2875. The timekeeper only has access to employees assigned to a specific team(s) for which access is established by a Super User. Timekeeper responsibilities pertaining to their team(s) include maintaining employee schedules and entering time and attendance for employees without access or are not available when time and attendance entry in ATAAPS is due. Additional responsibilities include the following:

- (1) Maintaining employee personnel data and pre-determined work schedules for each account, including making changes approved by the Employee/User or Certifier. Changes to work schedules must be approved by the Certifier.
- (2) When requested by either the employee or supervisor, enter or correct the time worked for an employee who is unavailable to enter or correct their own time before the end of the pay period.
- (3) Ensuring employees have entered and concurred their time and attendance within established timelines each pay period.
- (4) Verifying supporting documentation for all leave usage, premium pay, and compensatory time for travel is recorded and properly maintained.
- (5) Reminding the Certifier to review and approve any retro-certifications for previous pay periods.

c. Certifier: A Certifier has non-privileged access in ATAAPS and requires completion of a DD Form 2875 and DD Form 577 (Enclosure 3). Certifiers are supervisors authorized to approve or disapprove leave and premium time requested and to certify time and attendance for employees assigned to their ATAAPS roster. In addition to ensuring all time and attendance is accurate and complete in ATAAPS, responsibilities include the following:

- (1) Establishing guidelines for employee timecard submission deadlines and manage timekeeping functions.
- (2) Reviewing, verifying, and taking action on all requests for leave, premium pay, compensatory time, and compensatory time for travel. Ensuring the information on the request is accurate (e.g. dates and times are correct; reason for premium time is valid). Approving or disapproving requests in a timely manner.
- (3) Reviewing, verifying, and maintaining awareness of employee sick, annual, and compensatory leave balances to ensure compliance with all rules, regulations, policies, and laws.
- (4) Ensuring employees enter correct codes for all work/leave hours each pay period.
- (5) Certifying time and attendance for all employees by 1400 the Friday before the end of the pay period, unless notified of a different timeline due to holidays.
- (6) Reviewing and certifying any corrections to prior pay period retro-certification.

(7) Providing employees and timekeepers time to carry out their timekeeping responsibilities.

(8) Ensuring Timekeepers are properly trained.

(9) Ensuring compliance with all pay, leave, and timekeeping regulations and policies, maintaining the appropriate level of security for their employees.

d. Sufficient internal controls shall be established to prevent unauthorized changes to completed time and attendance reports, regardless of where they are retained. Approving officials must have a reasonable basis for relying on systems of internal control to ensure accuracy and legal compliance when they do not have positive, personal knowledge of the presence and absence of, or other information concerning employees whose time and attendance documents are being approved. This basis must involve periodic testing of internal control to ensure that they are working as intended.

6. Work schedules

a. Basic work requirement. The basic work requirement is defined as the number of hours, excluding overtime hours; an employee is required to work, or to account for, by charging leave. The regularly scheduled work week is 8 hours per day/5 days per week.

b. Alternative work schedules (AWS). Reference 1f. made the AWS program permanent in 1985. This program permits a variety of flexible and compressed work schedules.

(1) Flexible work schedule. Use of a flexible work schedule (Flextime) is authorized. Flextime is a flexible work schedule that splits the tour of duty into two distinct kinds of time with core hours and flexible hours. Under the USAG Yongsan-Casey Flextime Schedule, an employee must be at work or on the approved absence during the core hours of 0900-1500 and must account for the total number of hours he or she is scheduled to work. However, Flextime must not disrupt or impede the mission, must be approved by the supervisor, and does not preclude the supervisor from directing the employee's presence for duty at a precise time.

(2) Compressed work schedule. A compressed work schedule is a fixed schedule which enables the full-time employee to complete the basic work requirement of 80 hours in fewer than 10 full workdays in a biweekly pay period by increasing the number of hours in the workday. Use of compressed work schedule is not authorized in USAG Yongsan-Casey.

(3) Shift work. Shift work requires the supervisor to establish non-flexible work hours. Shift work is authorized as required by mission. Employees may be required to work a straight shift or to rotate shifts, at the discretion of the supervisor.

c. Overtime and Compensatory Time

(1) Authorization. The USAG Yongsan-Casey Commander and Deputy Garrison Commander (DGC) have the authority to approve overtime and compensatory time. This authority has been delegated to Garrison Directors and Office Chiefs. Overtime and Compensatory time will be executed within their limited ceiling. Requests for additional funding

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exceeding funding allocations will be submitted to Resource Management Office (RMO) with proper justification.

(2) Approved written authority for overtime, compensatory time, or holiday work must be made via a Premium Request through ATAAPS for U.S. employees (Enclosure 6) and via IMCOM Form 1-H (Enclosure 4) for Korean National Employees. A copy of approved IMCOM Form 1-H must be maintained by the supervisor or timekeeper. Overtime services of Korean National Employees on regular 40-hour work week is limited to 12 hours.

(3) Emergency overtime work (i.e., for health or safety reasons) may be verbally approved by the approving official; work will not start until this approval is received and followed up with a written approval. The appropriate method of approval must be prepared and processed no later than the next duty day.

(4) Paid overtime is expected to be kept at an absolute minimum. Compensatory time should be considered before granting paid overtime.

(5) Compensatory time is computed at the rate of one hour of compensatory time for each overtime hour worked. No special hourly rates, such as night differential, weekend, holiday, etc, should be added to compensatory time worked.

(6) For U.S. employees, any compensatory time must be used within 26 pay periods of accrual, or it is automatically converted to a cash payment (overtime rate) by Defense Finance and Accounting Service (DFAS).

(7) Compensatory Time Off for Travel. Employees shall request credit for compensatory time for travel by providing documentation of the time spent in official travel status, away from the official duty station or official work site, including any meal periods and waiting times. Creditable compensatory time for travel is time in a travel status that is not otherwise compensable as hours of work under other legal authority. This includes only the time an employee actually spends traveling between the official duty station and a temporary duty station, or between two temporary duty stations, and the usual waiting time that precedes or interrupts such travel (this excludes any extended or unusual waiting time between actual periods of travel during which the employee is free to rest, sleep or otherwise use the time for his or her own purposes). Travel compensatory time is not authorized for Permanent Change of Station (PCS).

(8) Employees shall file requests for credit of compensatory time for travel within five workdays after returning to the official duty station, by submitting a travel itinerary or any other supporting documentation to supervisor. If not submitted within the prescribed time limits, the employee may forfeit his or her claim to the compensatory time for travel. If an employee fails to use the compensatory time for travel within 26 pay periods after it was credited, the compensatory time off is forfeited.

(9) KN employees may request compensatory time in lieu of payment for overtime worked. Once compensatory time is elected, it cannot be changed back to overtime payment. Compensatory time should be taken in the same pay period accrued. However, the time period for use may be extended for up to 3 additional monthly pay periods. Compensatory time is

forfeited if not used within these pay periods or if the employee transfers or is reassigned to another organization.

(10) **Callback Overtime.** A minimum of 2 hours of overtime shall be paid if an employee is required to return to work after completing the normal daily tour of duty and leaving the place of employment. If actual hours worked on call-back are less than 2 hours, at least 2 hours of overtime pay will be approved. If the actual hours worked are longer than 2 hours, the actual hours worked will be compensated either as compensatory time or at overtime rates.

d. **Holiday Work (HW)**

(1) Employees who are required to work on a holiday within their basic work week are entitled to premium pay. If the employee is required to perform holiday duty, premium pay is paid for 2 hours even if the work does not last that long. Premium pay is limited to the ceiling described in paragraph 3.e.(1).

(2) KN employees who are directed to work on U.S. holidays are paid at their regular hourly rate or the employee is charged annual leave if directed to take off on U.S. holidays by their supervisor. Sick leave will not be used in lieu of annual leave.

e. **Night Differential (ND).** Subject to the ceilings described in paragraph 3.e.(1).

(1) The ND pay for U.S. employees is authorized at a rate of 10% over the scheduled rate when the actual hours of the regularly scheduled work fall between the hours of 1800-0600. The OPM definition of the term "regularly scheduled" is an employee who is scheduled to perform the work, including night work, and the work must be scheduled in advance of the administrative work week. The ND pay is paid for regularly scheduled work performed at night. This generally means work scheduled before the beginning of the administrative work week with a minimum of 2 days during the work week between the hours of 1800-0600. Hours worked between 1800-0600 that are in excess of 8 hours in a day or 40 hours in a week are paid at both the ND (10%) and overtime (150%) rates.

(2) The ND pay rate for KN employees is an additional 50% of base pay and Consolidated Allowance Payment (CAP) when the actual hours of the regularly scheduled work fall between the hours of 2200-0600. Hours worked between 2200-0600 hours that are in excess of 8 hours in a day or 44 hours in a week are paid at both the ND (50%) and overtime (150%) rates.

f. **Leave**

(1) The minimum charge for any category of leave is 15 minutes for both U.S. and KN employees.

(2) Requests for leave normally should be made at least 48 hours in advance and must be made via ATAAPS for U.S. employees (Enclosure 6) or on OPM Form 71, Request for Leave or Approved Absence (Enclosure 5) for Korean National Employees. Only OPM Form dated Rev. September 2009 is acceptable.

(3) An annual leave plan will be developed and published to ensure a reasonable vacation for employees, to preclude leave forfeiture and ensure the mission is not adversely affected.

(4) Sick Leave. Supervisors may require sick leave of more than 3 consecutive workdays be supported by medical documentation that states an employee has been incapacitated from performing required duties. In any case of suspicion an employee is abusing the use of sick leave, the supervisor will advise the employee in writing that a medical documentation is required for any absences due to illness, injury or other authorized uses of Sick Leave.

(5) If an emergency or illness arises making it impossible for the employee to complete a leave request through ATAAPS or OPM Form 71 prior to this necessity, the employee must contact the supervisor as soon as practical, usually no later than 2 hours after the beginning of the duty day. If the supervisor approves the leave, the employee will prepare OPM Form 71 on the next workday.

(6) US Employees are entitled to a total of 12 weeks (480 hours) of sick leave each leave year to care for a family member with a serious health condition, which includes 13 days (104 hours) of sick leave for general family care or bereavement purposes. The employee should have accrued sick leave to cover the excused absence. If not, the employee can request advanced sick leave or have sick leave donated to his/her account from another employee. When employee requests sick leave to care for a family member or for bereavement purposes related to the death of a family member, the agency may require the employee to document his or her relationship with that family member. KN employees may use sick leave for care of immediate family members limited to spouse, child, parents, or spouse's parents, for the same reasons and in the same manner authorized for use by the employee with following limitation: (i) an employee may use up to 13 (104 hours) workdays a year, (ii) management may authorize advanced sick leave up to 5 (40 hours) workdays a year.

(7) Restored Leave. Restored leave is annual leave that was not able to be used during the leave year due to a public exigency, and is subject to forfeit. "Public exigency" means mission requirements were such that planned annual leave could not be used (e.g., a major emergency situation such as flood relief). The determination that an exigency is of major importance shall only be made by the Commander, USAG Yongsan-Casey.

(8) Maternity Leave. U.S. Employees will be charged sick leave for maternity leave. IAW USFK Reg 690-1, 1 July 2017, Korean National Employees, must be enrolled in the Korean Employment Insurance Funds, ROK Government for a minimum of 180 days to be eligible for up to 90 days non-chargeable leave.

g. Excused Absence. IAW Army in Korea (AK) Regulation 690-610 (Reference j), employees are allowed an absence from duty administratively authorized without charge to leave or loss of pay. For the following specific circumstances:

(1) Medical Examinations. Medical Surveillance Program examinations and other such examinations required by the Government.

(2) Privately-Owned Vehicle (POV) pickup/drop off and registration. To pick up/drop off; or register their POV along with any required safety inspections.

(3) Renewing Documents. To renew documents such as ID cards, ration control plates, passports, visas, or driver's license.

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(4) Employment interviews. To participate in employment interviews when the competing for a position within the Department of Defense.

(5) Representing Employee Organizations. For those activities covered by the Collective Bargaining Agreement (CBA) for U.S. employee and Labor Management Agreement (LMA) for KN employees.

(6) KN employees will be excused from duty without charge to leave and receive pay at the non-overtime rate for the total number of duty hours normally scheduled to observe the following family events:

MARRIAGE OF	PAID DAYS OFF
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Employee	6
Children	2
Siblings	1
Spouse's siblings	1

BIRTHDAY	PAID DAYS OFF
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Childbirth (Husband)	2
Parents' 60th birthday	2
Spouse's parents' 60th birthday	2
Parents' 70th birthday	1
Spouse's parents' 70th birthday	1

DEATH OF	PAID DAYS OFF
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Parents	6
Spouse	7
Children	5
Spouse's parents	6
Grandparents	3
Spouse's grandparents	2
Siblings	3
Spouse's siblings	2
Siblings' spouse	2
Parents' siblings	1
Parents' siblings' spouse	1

NOTE: The number of days indicated above is based upon a regular tour of duty. The days and hours of a regular tour of duty will consist of 8 hours per day and 5 days per week. Employees on other than a regular tour of duty will be authorized the equivalent number of work hours calculated from the number of paid days off indicated above. The paid days off for family events will be continuous workdays except for employees on special tours of duty. An alternate paid day off will be authorized when a family event falls on a designated paid holiday or normally scheduled day off. Prior supervisory approval is required for all cases except when the absence is due to the death of a family member. If absence is due to the death of a family member, the employee will notify the immediate supervisor as soon as possible.

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7. PROCEDURES:

a. U.S. employees input their Time and Attendance (T&A) data in ATAAPS. T&A data must be inputted and certified by COB Friday at the end of each pay period. When the Friday is a Holiday, T&A will be completed by COB on Thursday. Retroactive changes in ATAAPS must be accomplished within 3 pay periods.

b. KN timekeepers input KN employees' T&A data into KNPAY Time and Attendance Module (KTAM) and T&A data/report should be transmitted to arrive at the payroll office (KN Pay Division, 175th Financial Management Center (FMC) NLT close of business on the first workday following the end of the pay period. The Korean National Pay System (KNPS) will allow activities to submit T&A data from three (3) workdays before the end of the pay period. T&A data must be submitted before the last day of the current pay period. Late T&A reports will result in retroactive payments during the subsequent pay cycle.

c. Employees who work beyond the normal tour of duty will receive overtime or compensatory time when the request is documented and approved on IMCOM Form 1-H (Request, Authorization, and Report of Overtime and Compensatory Time).

d. Upon approval and subsequent completion of the premium work, the supervisor will certify in the remarks section on the reverse side of IMCOM Form 1-H that the work was actually performed.

e. Timekeepers will not enter overtime or compensatory time without an approved IMCOM Form 1-H.

f. Each employee's time and attendance report shall be certified correct by the employee's supervisor at the end of the pay period. The certifying official must be in the employee's direct supervisory chain. Certification shall not ordinarily be made earlier than the last workday of the pay period. Certified time and attendance source documents are subject to audit by General Accounting Office (GAO), U.S. Army Audit Agency (USAAA), Internal Review (IR), and other inspection teams. Certifying officials are responsible for furnishing justification or clarification of certified time and attendance.

g. Supervisors and timekeepers will monitor the use of annual leave and compensatory time earned to ensure compensatory time is used before annual leave. Annual leave plan must ensure that compensatory time is included to preclude loss of leave or conversion of compensatory time to payment as overtime.

h. Employee must make timely requests and schedule leave in advance.

i. Records Retention. Time and attendance records shall be maintained IAW records retention requirements as set forth in AR 25-400-2, Army Records Information Management System (ARIMS). Documents to be retained include paper time and attendance input forms completed by the employee of labor hours worked, leave taken (OPM Form 71), and other absences.

8. This memorandum supersedes Area I Policy #2-2, SAB, dated 2 March 2015.

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9. Point of contact for this action is Manpower/Agreement Branch at 730-4085/4053.

A handwritten signature in black ink, appearing to read "Monica Washington", is positioned above the printed name.

MONICA P. WASHINGTON
COL, LG
Commanding

Encls

1. IMCOM Form 1-A
 2. DD Form 2875
 3. DD Form 577
 4. IMCOM Form 1-H
 5. OPM Form 71
 6. ATAAPS Forms
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ALTERNATE WORK SCHEDULE (AWS) AGREEMENT EMPLOYEE - MANAGEMENT CONTRACT

Refer to IMCOM Regulation 690-610 for guidance to complete this form, proponent is G1

BETWEEN
INSTALLATION MANAGEMENT COMMAND (IMCOM)
AND

Effective Date:

Employee Name (Last, First, MI.) and Division

NOTE: Employee (1st) and supervisor (2nd) must initial each item in the space provided below.

☐ ☐ WORK SCHEDULE:
Week 1 (Indicate the regularly scheduled day off as RDO)

DAY	START TIME	STOP TIME	NUMBER OF HOURS PER DAY
MONDAY	0730	1630	8
TUESDAY	0730	1630	8
WEDNESDAY	0730	1630	8
THURSDAY	0730	1630	8
FRIDAY	0730	1630	8

Week 2 (Indicate the regularly scheduled day off as RDO)

DAY	START TIME	STOP TIME	NUMBER OF HOURS PER DAY
MONDAY	0730	1630	8
TUESDAY	0730	1630	8
WEDNESDAY	0730	1630	8
THURSDAY	0730	1630	8
FRIDAY	0730	1630	8
Grand Total (Two week total must equal 80 hours)			80

☐ ☐ **Leave:** Employee agrees to follow established procedures for requesting and obtaining approval for leave. Leave will be taken in accordance with the established leave policies.

☐ ☐ **Overtime:** Employee and supervisor are aware of the provisions delineated in IMCOM Reg 690-610, Civilian Personnel Work Schedules.

☐ ☐ **Work Assignment or Performance:** The employee understands that a decline in job performance and/or documented misconduct may be grounds for cancelling the AWS agreement.

☐ ☐ **Termination of Agreement:** The responsible official may terminate and employee's participation in the AWS at any time if mission requirements deem it necessary or it is determined that an employee is abusing the AWS privilege. Employee participation may also be terminated at the request of the employee (after notifying the supervisor), the employee's supervisor, or upper management.

SIGNATURES

Employee Signature

Date

APPROVAL RECOMMENDATION

- ☐ Recommend Approval
☐ Recommend Disapproval

Supervisor Signature

Date

APPROVAL

- ☐ Approved
☐ Disapproved

Responsible Official Signature

Date

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications) ATAAPS		LOCATION (Physical Location of System) DISA, CORE DATA CENTER (CDC)

PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION IMCOM	
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)	
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) _____		
11. USER SIGNATURE	12. DATE (YYYYMMDD)	

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)	
13. JUSTIFICATION FOR ACCESS Information needed to grant access: Command - HQ IMCOM Database/Schema Name: IMA3 UIC(s): W1FDAA or W6B0AA Required Role: TIMEKEEPER	

14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR		21a. PHONE NUMBER	21b. DATE (YYYYMMDD)
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)

26. NAME (Last, First, Middle Initial)			
27. OPTIONAL INFORMATION (Additional information)			
PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
28. TYPE OF INVESTIGATION		28a. DATE OF INVESTIGATION (YYYYMMDD)	
28b. CLEARANCE LEVEL		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name)	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION			
TITLE:	SYSTEM	ACCOUNT CODE	
	DOMAIN		
	SERVER		
	APPLICATION		
	DIRECTORIES		
	FILES		
	DATASETS		
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)	
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)	

INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

A. PART I: The following information is provided by the user when establishing or modifying their USER ID.

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).
- (3) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).
- (4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.
- (5) Official E-mail Address. The user's official e-mail address.
- (6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.
- (7) Official Mailing Address. The user's official mailing address.
- (8) Citizenship (US, Foreign National, or Other).
- (9) Designation of Person (Military, Civilian, Contractor).
- (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date.
- (11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).
- (12) Date. The date that the user signs the form.

B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

- (13) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.)
- (15) User Requires Access To: Place an "X" in the appropriate box. Specify category.
- (16) Verification of Need to Know. To verify that the user requires access as requested.
- (16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.
- (17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.
- (18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.
- (19) Date. Date supervisor signs the form.
- (20) Supervisor's Organization/Department. Supervisor's organization and department.
- (20a) E-mail Address. Supervisor's e-mail address.
- (20b) Phone Number. Supervisor's telephone number.

(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.

(21a) Phone Number. Functional appointee telephone number.

(21b) Date. The date the functional appointee signs the DD Form 2875.

(22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.

(23) Organization/Department. IAO's organization and department.

(24) Phone Number. IAO's telephone number.

(25) Date. The date IAO signs the DD Form 2875.

(27) Optional Information. This item is intended to add additional information, as required.

C. PART III: Certification of Background Investigation or Clearance.

(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).

(28a) Date of Investigation. Date of last investigation.

(28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).

(28c) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(32) Date. The date that the form was signed by the Security Manager or his/her representative.

D. PART IV: This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

E. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD) _____
SYSTEM NAME (Platform or Applications) ATAAPS		LOCATION (Physical Location of System) DISA, CORE DATA CENTER (CDC)

PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION IMCOM	
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)	
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) _____		
11. USER SIGNATURE	12. DATE (YYYYMMDD)	

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

13. JUSTIFICATION FOR ACCESS Information needed to grant access: Command - HQ IMCOM Database/Schema Name: IMA3 UIC(s): W1FDAA or W6B0AA Required Role: CERTIFIER
--

14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.) _____	
17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)	
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)

26. NAME (Last, First, Middle Initial)

27. OPTIONAL INFORMATION (Additional information)

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION

28a. DATE OF INVESTIGATION (YYYYMMDD)

28b. CLEARANCE LEVEL

28c. IT LEVEL DESIGNATION

☐

LEVEL I

☐

LEVEL II

☐

LEVEL III

29. VERIFIED BY (Print name)

30. SECURITY MANAGER
TELEPHONE NUMBER

31. SECURITY MANAGER SIGNATURE

32. DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:

SYSTEM

ACCOUNT CODE

DOMAIN

SERVER

APPLICATION

DIRECTORIES

FILES

DATASETS

DATE PROCESSED
(YYYYMMDD)

PROCESSED BY (Print name and sign)

DATE (YYYYMMDD)

DATE REVALIDATED
(YYYYMMDD)

REVALIDATED BY (Print name and sign)

DATE (YYYYMMDD)

INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

A. PART I: The following information is provided by the user when establishing or modifying their USER ID.

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).
- (3) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).
- (4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.
- (5) Official E-mail Address. The user's official e-mail address.
- (6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.
- (7) Official Mailing Address. The user's official mailing address.
- (8) Citizenship (US, Foreign National, or Other).
- (9) Designation of Person (Military, Civilian, Contractor).
- (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date.
- (11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).
- (12) Date. The date that the user signs the form.

B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

- (13) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.)
- (15) User Requires Access To: Place an "X" in the appropriate box. Specify category.
- (16) Verification of Need to Know. To verify that the user requires access as requested.
- (16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.
- (17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.
- (18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.
- (19) Date. Date supervisor signs the form.
- (20) Supervisor's Organization/Department. Supervisor's organization and department.
- (20a) E-mail Address. Supervisor's e-mail address.
- (20b) Phone Number. Supervisor's telephone number.

(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.

(21a) Phone Number. Functional appointee telephone number.

(21b) Date. The date the functional appointee signs the DD Form 2875.

(22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.

(23) Organization/Department. IAO's organization and department.

(24) Phone Number. IAO's telephone number.

(25) Date. The date IAO signs the DD Form 2875.

(27) Optional Information. This item is intended to add additional information, as required.

C. PART III: Certification of Background Investigation or Clearance.

(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).

(28a) Date of Investigation. Date of last investigation.

(28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).

(28c) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(32) Date. The date that the form was signed by the Security Manager or his/her representative.

D. PART IV: This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

E. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE*(Read Privacy Act Statement and Instructions before completing form.)***PRIVACY ACT STATEMENT****AUTHORITY:** E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.SORN T1300 (<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx>)**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at:<http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.**DISCLOSURE** Voluntary; however, failure to provide the requested information may preclude appointments.**SECTION I - APPOINTEE**

1. NAME <i>(First, Middle Initial, Last and Rank or Grade)</i> Type Appointee Name and Grade Here	2. DoD ID NUMBER Type Appointee EIDPI Number	3. TITLE Type Appointee Title Here
4. DOD COMPONENT/ORGANIZATION Type Appointee Organization Here	5. ADDRESS <i>(Include ZIP Code, email address, and telephone number with area code and DSN)</i> Type Appointee Address; e-mail address, commercial telephone number with area code, and DSN telephone number here	
6. POSITION TO WHICH APPOINTED <i>(X appropriate box - one only. Checking more than one invalidates the appointment.)</i>		
<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input checked="" type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN
7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE: Approving Time and Attendance (T&A), all supervisors, or other equivalent certifying officials, or higher-level managers must certify, to the best of their knowledge, that work schedules are accurately recorded in accordance with applicable policies, regulations, instructions, and bargaining agreement. As a T&A certifier, you are acting as a Certifying Officer attesting that a voucher is correct and proper for payment. An employee's supervisor/certifying official should be aware of an employee's work schedule, leave taken, and any absence from duty and must review and approve the Time and Attendance to ensure its accuracy. Supervisors must ensure that exceptions to the employee's normal tour of duty are recorded in a timely and accurate manner. The below references and the certifier training slides must be reviewed prior to performing duties as a certifier. Refresher training is required annually. On-the-job training is not acceptable.		
8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES: DoD 7000.14-R; Financial Management Regulation; Volume 8, Chapter 2 and DoD 7000.14-R; Financial Management Regulation; Volume 5, Chapter 5		

SECTION II - APPOINTING AUTHORITY

9. NAME <i>(First, Middle Initial, Last)</i> Type Appointer Name Here	10. TITLE Type Appointer Name Here	11. DOD COMPONENT/ORGANIZATION Type Appointer ORG Here
12. DATE <i>(YYYYMMDD)</i>	13. SIGNATURE	

SECTION III - APPOINTEE ACKNOWLEDGEMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

14. PRINTED NAME <i>(First, Middle Initial, Last)</i> Type Appointee Name Here	15. DATE <i>(YYYYMMDD) (Not earlier than date in Item 12 or 13)</i>	16. SIGNATURE a. DIGITAL b. MANUAL
--	--	---

SECTION IV - APPOINTMENT TERMINATION

The appointment of the individual named above is hereby revoked.		17. DATE <i>(YYYYMMDD)</i>	18. APPOINTEE INITIALS
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE	

**INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

Use this form to:

1. Appoint disbursing officers and their agents, e.g., deputy disbursing officers, disbursing agents, paying agents, cashiers, imprest fund cashiers, change fund custodians, and collection agents.
2. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.
3. Appoint departmental officials. Departmental officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service on which a certifying officer relies when certifying vouchers as correct and proper for payment.
4. Appoint safekeeping custodians or assistants. Appointees to these positions are not subject to pecuniary liability.
5. Governing guidance is in the Department of Defense Financial Management Regulation, Volume 5 (Disbursing Policy).

SECTION I.

1. Enter the Appointee's name and rank or grade.
2. Enter the Appointee's 10-digit DoD Identification Number.
3. Enter the Appointee's title.
4. - 5. Enter the name, complete address (to include e-mail address), and telephone number (include DSN when available) of the DoD Component or activity to which appointed.
6. Mark X in the appropriate box to indicate the duty the appointee will perform (select only one). If appointing a disbursing officer or deputy disbursing officer, enter the appropriate DSSN in the space provided.
7. The appointing authority identifies the types of payments affected, but need only be specific as he or she considers necessary, and may include any other pertinent, applicable information (e.g., system involved).
8. List all publications the Appointee must review and follow in order to adequately fulfill the requirements of the appointment.

SECTION II.

9. - 12. Enter the appointing authority's name, title, DoD Component/Organization location, and date signed.
13. The appointing authority must enter his or her manual or digital signature. If signature is digital, completing item 12 is not required since the digital signature includes the date; enter only after completion of items 1 through 11, as this signature will "lock" those items.

SECTION III.

14. - 16. The appointee enters his or her name and digital (16a) or manual (16b) signature, or both, depending on type(s) of signature(s) to be employed, in the appropriate spaces. If the signature is manual (16b), complete item 15, but if the signature is ONLY digital (16a), completing item 15 is not required since the digital signature includes the date. If the appointee enters both manual and digital signatures, the dates in items 15 and 16a must match. The date in item 15 (or 16a if signed digitally) cannot be earlier than the date in item 12 or 13. The appointment is effective on the date of acceptance by the appointee, and is not in force without his or her acknowledgement.

SECTION IV.

Completing this section terminates the original appointment. If partial authority is to be retained, complete a new DD Form 577.

17. Enter the date the termination is effective. Completion of this item is not required if item 21 is signed digitally, since the electronic signature includes the date.
18. The appointee initials in the space provided acknowledging revocation of the appointment.
19. - 21. The appointing authority enters his or her name, title and signature (which may be digital) in the spaces provided.

Refer to IMCOM Regulation 690-610 for guidance to complete this form, proponent is G1

Refer to IMCOM Regulation 690-610 for guidance to complete this form, proponent is G1

1. A sperate request for overtime shall be prepared in and original and two copies for each day in which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned.
2. Enter the name of the employee, grade and step, date work is to be performed, the clock hours of duty, number of overtime hours to be worked by each employee and the method of compensation.
3. The requested official shall sign the request and submit to the appropriate authorizing official. If the authorizing official concurs he/she shall sign the form and return a copy to the requesting office. The original will be forwarded to the ATAAPS timekeeper.

[illegible]

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NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME:

(Enter a short description of the work to be performed and the reason why it must be performed by overtime)

--

NAME AND TITLE OF REQUESTOR

--

SIGNATURE OF REQUESTOR**DATE**

--

--

NAME AND TITLE OF AUTHORIZING OFFICIAL

--

SIGNATURE OF AUTHORIZING OFFICIAL**DATE**

--

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REMARKS

--

Request for Leave or Approved Absence

1. Name <i>(Last, first, middle)</i>			2. Employee or Social Security Number <i>(Enter only the last 4 digits of the Social Security Number (SSN))</i>		
3. Organization					
4. Type of Leave/Absence <i>(Check appropriate box(es) below)</i>	Date	From	To	Time	Total Hours
<input type="checkbox"/> Accrued Annual Leave <input type="checkbox"/> Restored Annual Leave <input type="checkbox"/> Advanced Annual Leave					
<input type="checkbox"/> Accrued Sick Leave <input type="checkbox"/> Advanced Sick Leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence <i>(Specify in Remarks)</i>					
<input type="checkbox"/> Leave Without Pay					
6. Remarks:					
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.					
7a. Employee Signature				7b. Date	
8a. Official Action on Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <i>(If disapproved, give reason. If annual leave, initiate action to reschedule.)</i>					
8b. Reason for Disapproval:					
8c. Supervisor Signature				8d. Date	
PRIVACY ACT STATEMENT					
Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.					
Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

New Leave Request

Status: Not Submitted

Type Hours*: Select Type Hour ▼

From Date*:

From Time*: Hours ▼ Minutes ▼

To Date*:

To Time*: Hours ▼ Minutes ▼

Total Hours*: Hours 0 Minutes 00 ▼

Purpose: Select Purpose ▼

Other:

☐ I hereby invoke my entitlement to family and medical leave.

FMLA: Select FMLA ▼

Remarks:

Certifier(s) to Notify: Select Certifier(s)
HALL, HOWARD P
LEE, CHRISTOPHER Y

Unlisted Certifier
Email Address:

☐ I certify that the leave/absence requested above is for the purpose(s) indicated.

Requestor Certification: I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

New Premium Hours Request

☒ By Labor Date ☐ By Pay Period

Status: Not Submitted

Type Hours*: Select Type Hour ▼

Labor Date*:

From Time*: Hours ▼ Minutes ▼

To Time*: Hours ▼ Minutes ▼

Duration*: Hours Minutes 00 ▼

Justification*:

Certifier(s) to Notify: Select Certifier(s)
HALL, HOWARD P
IFURUNG, DENNIS
NORTH, JAMES S

Unlisted Certifier
Email Address: