



Time and Attendance Transaction Request Form

Part I: Employee Information												
Agency Code		Agency Name							Effective Date			
Last Name		First Name		MI	Suffix	Last 4 SSN	Employee ID #	Email Address				
Work Location				Supervisor's Last Name			Supervisor's First Name		MI	Suffix	Non BSC State Supervisor? Yes No	
Veteran Status Non-Vet Veteran		Former Reservist Yes No		Timesheet Cycle Administrative Institution		Pay Basis		Dynamic Percentage Yes No		Negotiating Unit		Overtime Eligible Yes No
State Service Information					Former State Agency							

Part II: Schedule Information											
Pass Days			Alternate Work Schedule								
Week 1 T F S S M T W			Function (as allowed with supervisor approval)						Cancel AWS Function		
Week 2 T F S S M T W			Schedule (formal approved schedule ex: 9/10 days, longer M-Th, leave early Friday)						Cancel AWS Schedule		
Week 2 T F S S M T W			Allow Bi-Weekly Totals (check for yes)								
Start Time		End Time		Lunch Required		Clock User			Clock User ID Card #		
: a.m. p.m.		: a.m. p.m.		Yes No							
TDS Tab Required Yes No		TDS Type By Day TDS by Percent		TDS Liaison Contact							

Part III: Leave Information													
Action		Dates Affected			Type of Leave								
New		First Date of Absence:			Child Care		Worker's Comp. (complete III.A)		Leave Donation Recipient				
Extension		Anticipated Return			FMLA		Disciplinary Leave		Leave Donation Donor (complete III.B)				
Rein-Leave		to Work Date:			FMLA Family		Administrative Leave with Pay		Other <u>Specify</u> →				
Order to Charge/Deduct Accruals (select order for each)													
Personal		Vacation		Holiday		Floater		Non-Comp		VRWS		Sick Leave	LWOP

Part III.A: Restoring Accruals Due to Worker's Compensation Injury											
Date of Injury		Accident Report #		Body Part Injured							
Restore Accruals						Begin Charging Accruals on:		Place on SLHP Beginning:		Place on SLNP Beginning:	
AL:		PL:		SL:		HL:		FL:			

Part III.B: Leave Donation											
Donor's N #		Date of Donation		# Days Donated		Recipient Name			Cross Agency Donation Agency		

Part IV: Timekeeper/Delegate													
Delegate Functions (A delegate reviews assigned timesheets prior to the supervisor approving a timesheet) Timekeeper Functions (A Timekeeper can access the employee's timesheet and complete hours worked/charges on behalf of the employee.)													
Employee Needs a Delegate		Employee Needs a Timekeeper		Who will be the Delegate/Timekeeper for the employee?									
Employee Will Be a Delegate		Employee Will Be a Timekeeper		The Delegate/Timekeeper will be for the following employee:						Is this request leave related?		Yes	No
Remove Delegate(s)		Remove Timekeeper(s)		Names of individuals to remove:									

Part V: LATS Roles Required															
Add		Personnel View		TDS Coordinator		for →		Entire Agency		Division		Bureau		Section	
		Reports Access		Leaves Timekeeper				Specific Div-Bur-Sect →							
Remove		Personnel View		TDS Coordinator		for →		Entire Agency		Division		Bureau		Section	
		Reports Access		Leaves Timekeeper				Specific Div-Bur-Sect →							



**Office of General Services
Business Services Center**

Time and Attendance Unit
1220 Washington Ave.
Building 5, Floor 4
Albany, NY 12226-1900
Email: BSCHRFForms@ogs.ny.gov
Phone: 518-457-4272 Fax: 518-457-1879

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Part VI: Remarks & Approval

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Agency Approved By:	Date	BSC Approved By:	Date
Submitter's Email Address			