

ATAAPS NEW HIRE ACCESS REQUEST	
PRINCIPAL PURPOSE: To establish new time and attendance account in the Automated Time and Attendance Processing System. WEBSITE: https://ataaps.csd.disa.mil (CAC Enabled) DISCLOSURE: Failure to provide the requested information may preclude access.	
SECTION I - EMPLOYEE	
1. NAME (FIRST, MIDDLE INITIAL, LAST)	2. APPOINTMENT DATE
3. SSN	4. DoD ID NUMBER (10 DIGITS)
5. DoD EMAIL (.MIL OR .CIV)	6. PHONE
7. UIC / ORG	8. DEPARTMENT NAME
9. TECHNICIAN PAY TRAINING ACKNOWLEDGMENT (MUST SELECT ALL)	
I acknowledge that I have reviewed and understand the Technician Pay training packet.	ATAAPS TRAINING
	TECH PAY PORTAL
	PAY CALENDARS
	UPLOAD SUPPORT FORMS
10. EMPLOYEE SIGNATURE	11. DATE
SECTION II - WORK SCHEDULE	
Attach work schedule change form for AWS codes 6 and 8.	
12. PAY STATUS	13. AWS CODE
FULL-TIME	0 - 5/8's 6 - 5-4/9's
PART-TIME	8 - 4/10's
14. GRADED (RG) / UNGRADED (RF)	15. TEMPORARY POSITION
RG RF	YES NO
SECTION III - SUPERVISOR	
Supervisor must have an appropriate ATAAPS certification role.	
16. SUPERVISOR'S NAME (Print Name)	17. SUPERVISOR'S DoD EMAIL
18. SUPERVISOR'S PHONE NUMBER	19. TITLE
20. SUPERVISOR'S SIGNATURE	21. DATE