

## G-6 ATAAPS Timecard In-processing Form

First Name

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Last Name

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EDIP/DoD ID#

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SSN

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Work email

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Work phone

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Supervisor Name/Directorate

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Start Date from SF50 \_\_\_\_\_

Work Schedule (i.e. 8:00-4:30) \_\_\_\_\_

Employee signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_