AUTOMATED TIME AND ATTENDANCE PRODUCTION SYSTEM (ATAAPS) FOR TIMEKEEPERS AND SUPERVISORS

DATE:	**ACTION:**	**OFFICE SYMBOL:**
NAME:	**USER ID:**	**SSN:**
PHONE:	**FUNCTION:**	

ORGANIZATIONS DATA:

DESC-A	DESC-B	DESC-D	DESC-F	DESC-G	DESC-N	DESC-P	DESC-R	DESC-S

APPROVING OFTICIAL: _____ _____

SIGNATURE DATE

ATAAPS SECURITY TASO: _____ _____

SIGNATURE DATE

DESC FORM 2.40, JUL 98