SDDC TFMS-M Employee Information Form

TFMS Form 417 (10/2015)

☐ New Employee
☐ Update

Gender ☐ **Title or Rank** ☐ **Social Security / TFMS Employee Number** ☐

Start Date ☐ **Birthday** ☐

Last Name ☐ **First Name** ☐ **MI or Nickname** ☐

Location ☐ **Office Phone** ☐ **Pay Grade and Step** ☐

CAC E-mail / CAC Name ☐

Employee Category (Choose One)

- ☐ Code 1: GS Permanent, Temp, or Part Time
- ☐ Code 2: WG Permanent, Temp, or Part Time
- ☐ Code 3: SES
- ☐ Code 4: DA Intern
- ☐ Code 5: Foreign National - Country ☐
- ☐ Code 6: Other - Specify ☐

Assignment Group (Choose One)

- ☐ Code 1: CONUS - US Government Employee
- ☐ Code 2: OCONUS - Overseas US Government Employee
- ☐ Code 3: Military
- ☐ Code 4: Foreign National
- ☐ Code 5: Other (Contractor, DFAS, etc.)
- ☐ Add Group (Attachment required)

Supervisor Section

Last Name ☐ **First Name** ☐

Job Title ☐

Project (Budget) ☐

Organization ☐

Task (Budget) ☐

CCC - Cost Center (Budget) ☐

CFAC (Budget) ☐

Special Schedule Employee ☐ No ☐ Yes- Specify ☐

Funding Type ☐ Appropriated ☐ Working Capital Fund

Supervisor return completed form to: usarmy.scott.sddc.mbx.g8-rmbt@mail.mil, usarmy.scott.sddc.mbx.g8-account-manager@mail.mil, and usarmy.scott.sddc.mbx.g8-civpay@mail.mil

Expected TFMS-M Responsibilities (Check all that apply)

- ☐ Self Service Time
- ☐ SDDC Surrogate Time Entry
- ☐ SDDC Time Manager (Inquiry) (DD557 Required)
- ☐ SDDC Time Manager (Supervisor) (DD557 Required)
- ☐ TFMS-M Buyer (DD557 Required)
- ☐ TFMS Requestor
- ☐ TFMS Requestor (Approver) (DD557 Required)
- ☐ Public Sector Purchasing Receiver
- ☐ DFAS GL Inquiry
- ☐ DFAS Payables Inquiry
- ☐ DFAS Purchasing Inquiry
- ☐ DFAS Receivables Inquiry
- ☐ ☐
- ☐ ☐

☐ Checking this box constitutes the employees' consent to use Privacy Information for payment of payroll and entitlements. Failure to provide this information will result in inability of the organization to process payment. This information is collected under the authority of DOD Financial Management Regulations and will be protected in compliance with the Privacy Act of 1974, as amended.

Employee Name ☐ Employee Signature ☐

Supervisor Name ☐ Supervisor Signature ☐

Budget Verification Name ☐ Budget Verification Signature ☐