NEW YORK STATE OF OPPORTUNITY.

Office of General Services
Business Services Center

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

Contractor LATS Account Request Form

1. Agency Code	2. Agency Name		

3. Employee Name (last name, first name)		4. Last 4 SSN	5. Email Address

6. Effective Date	7. Work Location		

8. Supervisor Name (last name, first name)	9. Timesheet Cycle	10. TDS Tab Required	11. TDS Type	12. Liaison Contact

13. Pass Days and Regular Days Off

Week 1	Week 2
Thursday	Thursday
Friday	Friday
Saturday	Saturday
Sunday	Sunday
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday

14. Clock User	15. ID Card Number (hard clock user only)

16. Rotation Schedule

Start Time	Lunch Required	End Time

17. Timekeeper Functions
A Timekeeper can access the Contractor's timesheet and complete hours worked/charges on behalf of Contractor.

Contractor needs a Timekeeper ➔ Who will be the Timekeeper for the Contractor?

18. Remarks

19. For Agency Use Only

Approved By _____ Date _____

Submitter's Email

For BSC Use Only

Processed By _____ Date _____

Instructions:

1. **Agency Code:** Enter five-digit Agency Code of the Agency the Contractor/Consultant is associated with
2. **Agency Name:** Enter Agency Name or Acronym of the Agency the Contractor/Consultant is associated with
3. **Employee Name:** Enter Last Name, First Name (i.e. Smith, John)
4. **Last 4 Numbers of SS:** Enter last four digits of the Contractor/Consultant's SSN
5. **Email Address:** Enter the Contractor/Consultant's work email address. If the work email address is not available yet, enter the format used by your agency for the work email address (i.e. first name.last name@ogs.ny.gov)
6. **Effective Date:** Enter the Effective Date of the request
7. **Work Location:** Enter the physical work location of the Contractor/Consultant (i.e. Building 5 State Campus Albany, NY)
8. **Supervisor Name:** Enter full name (Last Name Suffix, First Name Middle Initial - i.e. Smith Jr., John A) of the LATS Supervisor
9. **Timesheet Cycle:** Select Administration or Institution from the drop-down
10. **TDS Tab Required:** Select Yes if the Contractor/Consultant needs to have the TDS tab enabled on the LATS timesheet. Select No if they do not need to have the TDS tab enabled on the LATS timesheet.
11. **TDS Type:** Select one of the following from the drop-down box:
    -By Day: Select this if the employee needs to address TDS tasks on the TDS tab daily.
    -By Percent: Select this if the employee needs to address TDS tasks on the TDS tab based on a percentage of the time worked for the entire pay period.
12. **TDS Liaison:** Enter the name of the person the Contractor/Consultant would contact to find out what TDS tasks they should have on their TDS tab.
13. **Pass Days:** Indicate what pass days the Contractor/Consultant will have.
14. **Clock User:** Select one of the following from the drop-down box:
    -No: Select this if the Contractor/Consultant will not be a clock user and will be able to enter their own information on their LATS timesheet.

-Yes - Hard Clock: Select this if the Contractor/Consultant will be swiping a clock to enter their time into LATS.
-Yes - Soft Clock: Select this if the Contractor/Consultant will be logging into LATS and punching in through the soft clock function in LATS to enter their time.

15. **Clock User ID Card Number:** If the Contractor/Consultant is going to be a Hard Clock User, their number off the back of their NYS ID will need to be provided for them to be able to swipe a clock.
16. **Rotation Schedule:** If the Contractor/Consultant is on a set rotation that needs to be entered in LATS and indicated on their timesheet, complete the following sections:
    -Start Time: Enter the start time of their shift including the AM/PM
    -Lunch Required: Select Yes or No from the drop-down box
    -End Time: Enter the end time of their shift including the AM/PM
17. **Timekeeper Functions:**
    -Employee needs a Timekeeper: Select this box when the Contractor/Consultant needs to be assigned to a Timekeeper who will complete and submit the timesheets on behalf of the Contractor/Consultant.
    -Who will be the Timekeeper for the Contractor/Consultant?: Enter the full name (Last Name Suffix, First Name Middle Initial - i.e. Smith Jr., John A) of the Timekeeper assigned to the Contractor/Consultant.
18. **Remarks:** This space should be utilized for any special or additional information that needs to be provided.
19. **For Agency Use Only:** This form should only be completed by employees approved to make these types of requests at your agency. The BSC should have the most updated list of who these employees are, so the BSC can verify that the form is okay to process.
    -Approved By: Enter the name here of the approved employee who is completing this form.
    -Date: This should be the date the form is being completed and sent to the BSC.

Hours Per Day – All Contractor/Consultant(s) will be set up as 8.00 hours per day. If you need this to be different, please indicate it in the Remarks.