



Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI 00802

STATS Request for Changes to Employee Data Form

GVI agencies on STATS must use this form to request employee changes

Request Date _____

Affected Employee Name: _____ Affected Employee No. _____

Please check the box for the appropriate action requested and provide details as needed.

- Add Employee to STATS. Name of Employee's Supervisor _____
- Enroll Employee at Time Clock; Specific Clock/Employee Location: _____
- Transfer Employee, New Location Code _____ Transfer Effective Date: _____
- Terminate Employee on Time Force Termination Effective Date: _____
- Change Employee Classification. Explain Change: _____

For Requests Impacting Access, Indicate the Type of Access Required in TimeForce:

- Non-supervisory Employee Access Supervisor Level 1 Supervisor Level 2
- Supervisor Level 3 Agency Head Non-Supervisory PC Puncher Supervisor PC Puncher
- Supervisor View Only

If access is being sought for an employee that is a Supervisor as indicated above, please attach a list of the names of all employees whose time cards should be accessed by this Supervisor.

Requester's Name: _____ Requester Phone Number: _____

Agency Authority's Name: _____ Title: _____

Authorized Agency Signature: _____ Date: _____

For use by the Department of Finance Payroll Department

Verified: _____ Date: _____

Request Completed by: _____ Date: _____

Notes: _____