

REQUEST FOR TABLE MANAGEMENT SYSTEM (TMGT) ACTION

NOTE: Most agencies have direct online access to the Table Management System (TMGT). Changes to time and attendance (T&A) contact point addresses should be made by agencies. If you do not have access to make your own changes, complete the information below and NFC will make the changes for you.

A. T&A Contact Point Action. Complete this section for adding, modifying, or deleting T&A contact point addresses. **Caution:** If a T&A contact point address is deleted, any records or master accounts identified to the deleted contact point will no longer have a valid address for mail distribution purposes, etc.

1. **Type Action.** Circle the appropriate action code.

A = Add M = Modify

Action Code A is used to establish a record.
Action Code M is used to change or correct information on a record.

Note: Action Code M is also used to delete a record. The T&A contact point address becomes invalid (deleted) on the ending effective date specified in Block 3.

2. **Beginning Effective Date.** Complete this block only when adding a T&A contact point address. Enter the beginning effective date (the first day of the pay period) of the action. **Note:** Do not complete this block when modifying or deleting a T&A contact point address.

3. **Ending Effective Date.** Complete this block only when deleting a T&A contact point address. Enter the ending effective date (the last day of the pay period) that the T&A contact point address will no longer be valid. **Note:** Do not complete this block when adding or modifying a T&A contact point address.

4. **T&A Contact Point Number.** Enter the two-digit agency /bureau code, the two-digit state code, the four-digit city code, and the two-digit unit code.

B. Personnel Office Identifier (POI) Action. Complete this section for adding or modifying or deleting POI addresses.

5. **Type Action.** Circle the appropriate action code.

A = Add M = Modify

Action Code A is used to establish a record.
Action Code M is used to change or correct information on a record.

Note: Action Code M is also used to delete a record. The POI address becomes invalid (deleted) on the ending effective date specified in Block 7.

6. **Beginning Effective Date.** Complete this block when adding or modifying a POI address. Enter the beginning effective date (the first day of the pay period) of the action. **Note:** Do not complete this block when deleting a POI address.

7. **Ending Effective Date.** Complete this block only when deleting a POI address. Enter the ending effective date (the last day of the pay period) that the POI address will no longer be valid. **Note:** Do not complete this block when adding or modifying a POI address.

8. **POI Number.** Enter the two-digit agency code, and the four-digit personnel office identifier number.

C. Address Data. Complete this section for all T&A and POI contact point actions. For Action Code A, enter the new address of the office that is being added to TMGT. For Action Code M (modifying), enter the new address and the old address that is being changed. For Action Code M (deleting), enter the address to be deleted in the *OLD* address block.

9. **Agency Name.** Enter the name of the agency (maximum of 35 positions).

10. **Agency Address.** Enter the agency street or post office box address (maximum of 35 positions).

11. **City.** Enter the city name (maximum of 20 positions).

12. **State.** Enter the 2-position, alpha state code.

13. **ZIP Code.** Enter the 5- or 9-position ZIP Code.

14. **Telephone.** Enter the area code and telephone number of the agency office identified on this form.

15. **Authorized Signature and Title.** The signature and title of the person authorizing the action. **Note:** This block must be signed before NFC will process the action.

16. **Date.** Enter the date this form is signed.

A. T&A CONTACT POINT ACTION.											
1. TYPE ACTION				2. BEGINNING EFFECTIVE DATE (mm/dd/yyyy)				3. ENDING EFFECTIVE DATE (mm/dd/yyyy)			
A = ADD M = MODIFY											
4. T&A CONTACT POINT NUMBER (10 pos.)											
AGENCY/BUREAU (2)		STATE CODE (2)		CITY CODE (4)				UNIT CODE (2)			
B. PERSONNEL OFFICE IDENTIFIER (POI) ACTION.											
5. TYPE ACTION				6. BEGINNING EFFECTIVE DATE (mm/dd/yyyy)				7. ENDING EFFECTIVE DATE (mm/dd/yyyy)			
A = ADD M = MODIFY											
8. POI NUMBER (6 pos.)											
AGENCY/BUREAU (2)		PERSONNEL OFFICE IDENTIFIER (4)									
C. ADDRESS DATA. Complete this section for all actions.											
NEW						OLD					
9. AGENCY NAME (35)						9. AGENCY NAME (35)					
10. AGENCY ADDRESS (35)						10. AGENCY ADDRESS (35)					
11. CITY (20)			12. STATE (2)		13. ZIP CODE (5 or 9)	11. CITY (20)			12. STATE (2)		13. ZIP CODE (5 or 9)
14. TELEPHONE (Area Code and Number) (10)						14. TELEPHONE (Area Code and Number) (10)					
15. AUTHORIZED SIGNATURE AND TITLE										16. DATE	

This form may be faxed to: (504) 426-9769 or mailed to the address below.

FORM AD-1133 (Rev. 4/04)

MAIL TO ►

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Use Of
Window Envelope
Is Optional