

COARNG EMPLOYEE ACCOUNTING INFORMATION
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EMPLOYEE NAME	
EMPLOYEE SSN	
EFFECTIVE DATE	
JOB TITLE/ PAY SCALE	
UNIT OF ASSIGNMENT	
STATUS	PERM INDEF TEMP
WORK SCHEDULE	4/10 5/8 5/4-9 FLEX
SHIFT	1 2 3
DUTY HOURS	
SUPERVISOR NAME	
SUPERVISOR PHONE NUMBER	
EMPLOYEE EMAIL	
EMPLOYEE PHONE NUMBER	
DEPARTMENTAL REPORTER	DFASIN
ACCOUNTING ACTIVITY	021001
DEPT CODE/AGENCY	21
LIMITATION/SUBHEAD	0000
FY R/O IDC	Y
ASN/OBAN/BCN/HRS	1D0
PGM/BUDGET YEAR	4
OAC/DUTY STA	18
RC/CC/FCP	A18CO
PEC/AMT	NGTP

EMPLOYEE SIGNATURE

Date:
