

## COARNG EMPLOYEE ACCOUNTING INFORMATION

EMPLOYEE NAME	
EMPLOYEE SSN	
EMPLOYEE DODID	
JOB TITLE	
PAY SCALE /GRADE	<i>GS (RG)                      WG/WL/WS (RF)</i>
UNIT OF ASSIGNMENT	
STATUS	<i>PERM   INDEF   TEMP</i>
TEMP APPT - NTE DATE	
WORK SCHEDULE	<i>4/10   5/8   5/4-9   FLEX</i>
SHIFT	<i>1   2   3</i>
DUTY HOURS	
ATAAPS:                      Cost Center	
Team	
Roster	
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: \_\_\_\_\_