

Note: Please download and save the form locally before completing.

EMPLOYEE INFORMATION

LAST NAME: _____ FIRST NAME: _____ UPI #: _____
 CURRENT RANK: _____ PRIMARY DEPARTMENT: _____

RANK: _____	RANK: _____	RANK: _____
PRIMARY DEPT NAME: _____	2nd DEPT NAME: _____	3rd DEPT NAME: _____
PRIMARY ORG#: _____	2nd DEPT ORG #: _____	3rd DEPT ORG #: _____
APPT. TYPE _____	APPT. TYPE _____	APPT. TYPE _____
START DATE (D/M/Y): _____	START DATE: _____	START DATE: _____
END DATE (D/M/Y): _____	END DATE: _____	END DATE: _____
IS IT A TENURED POSITION?		

For promotion only: Is this a change from lecturer convertible?
 Latest degree Info: Year: _____ Degree Awarded: _____ School: _____

Is this a paid appointment? _____
 Total Annual Salary: _____ Salary Effective Date: _____
 Are all months of the appointment whole? _____ # months paid: _____ Percentage of Time: _____
 Monthly Amount: _____ If Part Time, # of Hours: _____
 FTE Annual Salary: _____ Fringe Code: _____

*Please verify that the PTAE0 you are submitting is a valid working PTAE0 by using the PTAE0 validator ([click here](#)).
 Note: Be sure to select "Labor" for the Transaction Type.*

Project	Task	Award	Award Source and Information	Exp Type	Org #	Start Date day month year	End Date day month year	%
<i>must total 100%</i>								

Future Action: _____ Termination/Suspension Date: _____

If requesting a suspension, please add the justification to the comments.

PREPARER INFORMATION

Prepared by: _____ Dept: _____ Phone: _____ Date: _____

Comments: _____

AUTHORIZATIONS (Signature/Date) (Signature/Date)

Primary dept/school: _____ 3rd dept/school: _____
 2nd dept/school: _____ Cognizant Provost: _____

OFAS use only

Notes: _____

Reviewed by: _____	Entered by: _____
Name Date	Name Date