

The following information is provided to assist with the proper completion of the PTAF. This will help ensure that your requests are processed timely and will not have to be sent back for correction or clarification. Please provide justification below for any assignments entered late due to delayed funding greater than 90 days.

| This for                      | m will | only be a    | ccepted                         | for time prior to           | Oracle HCM im  | plementati | on (3/14/2025).  |                |                   |                     |  |
|-------------------------------|--------|--------------|---------------------------------|-----------------------------|--|------------|------------------|----------------|-------------------|---------------------|--|
| Employee Name                 |        |              |                                 |                             | Assignment #   |            |                  | D              | Department Number |                     |  |
| Reques                        | ted P  | ay Period    |                                 |                             |  |            |                  |                |                   |                     |  |
| Inclusive Dates to be<br>Paid |        |              | Total<br>Hours<br>to be<br>Paid | Hourly/<br>Biweekly<br>Rate | Chartfield Details (if different from normal distribution) |            |                  |                |                   |                     |  |
|                               |        |              |                                 |                             | Operating unit   | Fund       | Department       | Product        | Chartfield1       | Project             |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
|                               | То     |              |                                 |                             |  |            |                  |                |                   |                     |  |
| Justific                      | cation | 1            |                                 |                             |  |            |                  |                |                   |                     |  |
| verify th                     | at the | <br>individu | al listed                       | above is an er              | nployee of the   | listed dep | artment and is e | ntitled to the | compensation rep  | orted on this form. |  |
| Prepare                       |        |              |                                 |                             |  |            | Approved E       |                | · ·               |                     |  |