Austin Peay State University
Graduate Assistant/Data Entry Form

PPAIDEN (Demographic Information)

Last Name:_____ First Name: _____ Middle: _____ Banner ID #: _____
(as shown on Social Security Card)

Start Date___-____-____
Address Type: MA
Street:_____ City:_____ State:_____

Zip Code:_____ Nation: 157 (U.S.)

Gender: Choose One Birth Date:_____-_____-_____

Citizenship: Choose One

Ethnicity: Choose One Marital Status: Choose One

PEAEMPL (Employee Information)

Employee Class: Choose One

Home Department:_____ (5 digit Organization Code)
Check Distribution: T80000 or T99900
Current Hire: _____-_____-_____
(Starting Date)

I-9 Form
Form Indicator - Received
Date: _____-_____-_____

PDADEDN (Tax Information)

Deduction: Fica-Med: T01 - Exempt

Deduction: FICA: T02 - Exempt

Deduction: Federal Tax: T03 (**Info taken from W4**)

Marital Status: Choose Number of Allowances: _____ Exempt: Choose (If "Y", enter as "Waived")

NBAJOBS (Assignment Information)

Start Date:_____-_____-_____

Position Number: _____

Job Detail
Change Reason: HIRE
Period Rate:_____
Total Payment: _____

OPTIONS:
Add a Change w/new Effective Date
End Date: _____-_____-___

Payroll Default
Timesheet Organization: T_____

Job Detail
Status: Terminated
Change Reason: TERM

Job Labor Distribution: FOAP
Fund:_____ Orgn:_____ Acct:_____ Program:_____
(Use Finance Chart of Accounts)

College of Graduate Studies Approval_____ Date:_____

Attach the following forms for new employees:
☐ I-9 Form
☐ Copy of Social Security Card (for payroll purposes)
☐ W-4 Form
☐ Direct Deposit Form

Print Form Clear Form

Rev 04/2009