



EMPLOYEE ATAAPS IN-PROCESSING FORM



Employee Name: _____

SSN: _____ DOD ID# (CAC): _____

Enterprise Email: _____

Home/Cell: _____

Employee Signature: _____ Date: _____

HRO USE ONLY

Supervisor Name: _____ Work Phone: _____

Supervisor Email: _____

ATAAPS Team: _____

Graded or Ungraded: _____

Tenure: _____