



EMPLOYEE ATAAPS IN-PROCESSING FORM

Employee Name: _____

SSN: _____ DOD ID# (CAC): _____

MIL/or CIV Email: _____

Home/Cell: _____

Employee Signature: _____ Date: _____

Supervisor Use Only

Supervisor Name: _____ Work Phone: _____

Supervisor Email: _____

Employees Work Schedule: _____

Supervisor Signature: _____