

3	Fund Class	Fund Source	Account	Org.	Function	Program	Activity

Sequence	Percent %

3	PTAEO Project	PTAEO Task	PTAEO Award	PTAEO Expense	PTAEO Org.
Benefits					

Date From	Date To

Remarks _____

I have explained these terms to the appointee who has indicated intention to accept them. I have made it clear that the terms become effective only when confirmed by signed contract, and after appointee has passed a physical examination.

 Signature of Recommending Dean/Director

Approved:

Budget Approval:

 Comptroller

 Date

N.B.: Submit with this form the Job Description of the position