



WAGE TYPE Creation/Change Request – Overview

Page 1 of 2 (to be completed by Requestor)

Requestor's Information

Requestor's Name	Organizational Unit Name	Org. Unit # (8-digits)	Date of Request
Contact Name	Contact Phone Number	Effective Date (i.e., July 1, 20xx, Jan. 1, 20xx, etc.)	

Instructions: Please describe the request in detail and attach copies of documentation relevant to this Wage Type request.

Wage Type Name/Description:	4 digit Wage Type code
<input type="checkbox"/> New Wage Type <input type="checkbox"/> Change to Existing Wage Type Check one box:	<input type="checkbox"/> Payment <input type="checkbox"/> Deduction Check one box:

Provide the reason a new Wage Type (or change to an existing Wage Type) is being requested:

Additional information required for all Payment Wage Types

Is payment eligible for FRS (Retirement)?	Date:
Check one box: Yes No	
Provide the reason a new Wage Type (or change to an existing Wage Type) is being requested:	

Additional information required for all Deduction Wage Types

Indicate if deduction is Pre-Tax or Post-Tax. • If Pre-Tax, indicate which type of tax (or taxes) will be affected – Federal Income Tax, Medicare Tax and/or FICA Tax. (Check one or all Pre-tax boxes as appropriate)	Pre-Tax If checked, please indicate type(s) of tax: Federal Income Tax FICA Tax Medicare Tax	Post-Tax
Is retroactivity required - should deductions accumulate if there is not enough money for a deduction to be taken in a particular check?	Check one box: Yes No	

Please provide additional pertinent information – Vendor information, frequency of deduction, etc.

Signatures

Administrator's Name (Print)	Administrator Signature	Date
ERP Administrator Name (Print)	ERP Administrator Signature	Date

Approval of Test Results

ERP Department (Print)	ERP Department Signature	Date
Business Process Owner (Print)	Business Process Owner Signature	Date



WAGE TYPE Creation/Change Request – Details

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Estimate how many employees Wage Type will be used for.			
Explain if this Wage Type is expected to be used as a One Time or Recurring payment or deduction.	Check box:	One Time IT0015	Recurring IT0014
Does Wage Type require a Payment Model?	Check box:	Yes	No
Payment Model Comments:			
For payments include a Total dollar amount and a Minimum and/or Maximum dollar amount limit(s), if applicable. (For Example, Total Award = \$10,000 , \$500 per check Maximum)	Total \$ Amount:	Minimum per-Ck \$ Amount:	Maximum per-Ck \$ Amount:
Is Wage Type PBC relevant?	Check box:	Yes	No
PBC Comments:			
Is Wage Type Third Party (AP) Remittance relevant?	Check box:	Yes	No
Note: if yes, this may require Vendor set-up by the Data Strategy Group in Production and by ERP Group in XED, XEQ and XES.			
Should Wage Type be added to any reports/interface (such as a Vendor report)?	Check box:	Yes	No
If yes, name report/interface.			
Is Wage Type to be used by end users?	Check box:	Yes	No
If yes, list role(s) that the Wage Type will be added to			
Is there a limited time period when the Wage Type should be accessible by the end user? (i.e., fiscal year, a month, etc.)	Check box:	Yes	No
If yes, indicate Start and End Dates	Start Date:	End Date:	
Does payment Wage Type require assignment of a DOE code (does payment qualify as a Salary Supplement per State DOE guidelines?)	Check box:	Yes	No
		If Yes, enter DOE Code (select single, applicable DOE code A through Y) <input type="text"/>	
Action Taken/ Wage Type (s) created or changed		Remedy Incident #	Transport #(s)
Payroll Process Analyst Name (print)	Payroll Process Analyst Signature		Date
Team Lead Name (print)	Team Lead Signature		Date
Analyst Name/Signature for Other Affected Module		Module	Date
Analyst Name/Signature for Other Affected Module		Module	Date