OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2002-62

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary
Director

SUBJECT: New Prior Period Payroll Adjustment Form (OSUP/F036)

The Office of State Uniform Payroll (OSUP) has reviewed agency comments on the draft of the “ISIS HR Prior Period Payroll Adjustment Form” sent with OSUP Memorandum #2002-18. Changes have been made to the draft based on agency comments and suggestions.

Attached is a copy of the revised form with a new number, OSUP/F036. The revised form includes information needed for processing adjustments affecting time entered in the ISIS HR System. The following changes were made:

- “Pay Period to Adjust” changed to “Pay Period Number to Adjust”
- “Pay Period Dates” added
- “PRN” changed to “Personnel Area Number”
- “Agency Name” added
- “Sect/Unit” deleted
- “Personnel Number” added
- “Timekeeper” changed to “Time Administrator”
- “Time Administrator Number” added
- “Payroll HQ” changed to “Employee Administration”
- “Void and Supp” changed to “Reversal and Off Cycle – Correction or On Demand” under “Action Taken”
- Section I and Section II have been combined into one section. There is no longer a need to have a separate area for labor distribution corrections.
- “CD/HRS” changed to “HR/TYPE”
- “FC” added. At this time this is only used by the Department of Labor.
- “Project” changed to “Reporting”
- “OD” changed to “SUB OBJ”

The forms (on NCR paper) are now available through Forms Management. Please limit orders to a minimum of 2 units at a time to ensure availability for all agencies. Agencies may use the form to create a similar form that suits agency needs.

OSUP would like to thank all agencies who responded to OSUP Memo #2002-18 and contributed comments. Questions should be directed to Rhonda Desselle at (225) 342-8928.

JWC:APH:kmb
Attachment: OSUP/F036
**ISIS HR PRIOR PERIOD PAYROLL ADJUSTMENT FORM**

**PAY PERIOD NUMBER TO ADJUST**

**PAY PERIOD DATES** | **PERSONNEL AREA NUMBER** | **AGENCY NAME** | **OFFICE OF**
---|---|---|---

**NAME**

**SSN** | **PERSONNEL NUMBER**
---|---

**TIME ADMINISTRATOR NAME** | **TIME ADMINISTRATOR NUMBER**
---|---

**TELEPHONE NUMBER & EXTENSION** | **DATE**
---|---

**EMPLOYEE ADMINISTRATION ENTRY ONLY**

**DATE** | **EA SIGNATURE**
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**ACTION TAKEN:**

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**CURRENT PAY PERIOD/NUMBER**

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**ORIGINAL DATA ENTERED**

**CORRECT DATA**

**COMMENTS:**

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

**APPROVED**

**TITLE** | **DATE**
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**WHITE - FORWARD TO EMPLOYEE ADMINISTRATION**

**CANARY - EMPLOYEE ADMINISTRATION**

**PINK - PENDING TIME ADMINISTRATOR FILE**