

EARNINGS CODE REQUEST FORM

EARNINGS CODE: (3 Characters)

Requested By: _____

Date Requested: _____

EARNINGS TABLE (pages): EARNINGS_TABLE1, EARNINGS_TABLE2, EARNINGS_TABLE3, EARNINGS_TABLE4

Change to Existing Earnings Code?

If Yes, Briefly describe change to Existing Earnings Code:

DESCRIPTION: (30 Characters)

SHORT DESCR: (10 Characters)

PAYMENT TYPE:

IF payment type is Unit/Override Rate or Flat Amount - Enter rate/amount here:

EFFECT ON FLSA:

Eligible for Retro Pay

Used to Pay Retro

TAX METHOD:

U.S. Only: (not required-choose all that apply)

Subject to FWT

Withhold FWT

Subject to FICA

Subject to FUT

Subject to Regular Rate

Earnings: (not required-choose all that apply)

Add to Gross Pay

Eligible for Shift Differential

Maintain Earnings Balances

Subject to Garnishments

Income Code: (1042-S; not required)

EARNINGS INFORMATION:

Based on Other Earnings/Hours: (Type)

Single Earnings

Special Accumulator

None

*Earnings Calc Sequence:

Rate Adjustment Factor: _____

Hours Adjust. Factor: _____

Multiplication Factor: _____

Earnings Adjust. Factor: _____

Maximum Hourly Rate: _____

Max Yearly Earnings: _____

Budget Effect: _____

*Tips Category: _____

Based on Amounts or Hours:

Based on Employment Records

Category for FLSA:

Regular

Overtime

Excluded

- | | |
|---|----------------------|
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Vacation | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Sick | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Pers Hol | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): FMLA | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Sick Pool | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Parental Lv | <input type="text"/> |
| <input type="checkbox"/> Leave Plan Type (Leave Plan Accruals): Injured Svc Mem | <input type="text"/> |

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Special Accumulator(s):

<input type="checkbox"/> 401	<input type="text"/>	<input type="checkbox"/> FML	<input type="text"/>
<input type="checkbox"/> 403	<input type="text"/>	<input type="checkbox"/> FRS	<input type="text"/>
<input type="checkbox"/> 457	<input type="text"/>	<input type="checkbox"/> SFT	<input type="text"/>
<input type="checkbox"/> DEF	<input type="text"/>	<input type="checkbox"/> TAX	<input type="text"/>
<input type="checkbox"/> DRP	<input type="text"/>	<input type="checkbox"/> TRS	<input type="text"/>
<input type="checkbox"/> FIP	<input type="text"/>	<input type="checkbox"/> UFF	<input type="text"/>

CA Expense Code: _____

Applies to Institutional Based Salary: Yes No *Confirmed with _____ on _____
Home Team Representative Date

If Yes, Source Mapping:

Approved By HR: _____ Date: _____

Approved By Payroll: _____ Date: _____

Entered by ERP Member: _____ Date: _____

Reviewed by FACET Member: _____ Date: _____