Demographic

Interface Requirements Specification

# Cattron Holdings, Inc.

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Karli Utt | ###-###-#### | Karli.Utt@cattron.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Trena King | 678-431-1781 | tking@tekpartners.com |

# Customer Confirmation

General

1. **Vendor Name:**Cattron Holding
2. **Confirm Group or Plan Number:**

Group / Plan Number

1. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **Are there any Employee Types, Pay Groups, Org Levels, etc. that need to be excluded?**

☒ No ☐ Yes

If Yes, please list field and values to exclude or include *(whichever is a shorter list)*:

Groups to exclude

1. **Which Employees would you like to include on this export?**☐ Employees Active on Applicable Deduction Code

☐ Active Only Employees

☐ All Employees with YTD Earnings

☐ Other: Click or tap here to enter text.

1. **When did you start coverage with this provider:**MM/DD/YYYY
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

NA

1. **Post Live Only: Interface Decommissioning (are there current/other interfaces that this interface is replacing?)**

☐ No ☐Yes, *Customer must open a Support Ticket to request that current interface is turned off.*

# Mapping

# Vendor Confirmation

General

1. **Please confirm the following information regarding the specifications provided is accurate:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Specification Name** | **Ultimate Software Project Number** |
|  |  |  |
|  |  |  |

# Notes to Developer