STAR 2000™

**STAR FINANCIALS GENERAL
ACCOUNTING REFERENCE GUIDE
Payroll/Human Resources Worksheets
Volume**

Preface

The *STAR Financials Payroll/Human Resources Worksheets Volume* contains worksheets you will use to complete the tables, masters and parameters build files of the base Payroll/Human Resources system.

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Chapter 3 - MASTER FILES

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Introduction

The worksheets are used during the File Development Phase of the implementation of STAR Financials Payroll/Human Resources. Space is provided at the bottom of each worksheet for completion and revision dates and user initials.

The following legend describes the abbreviations and symbols used on the worksheets:

n   represents the maximum number of characters or digits the field can contain

A   represents the value must be Alphabetic

N   represents the value must be Numeric

AN represents the value must be Alpha-Numeric

R   represents that the field is "Required" for the table, parameter, or master file

O   represents that the field is "Optional" for the table, parameter, or master file

C   represents characters (including punctuation)

Examples:

> **(8-AN-R)**   Eight is the maximum field length. Accepts AlphaNumeric characters. The field is Required.

> **(4-N-O)**   Four is the maximum field length. Accepts Numeric characters. The field is Optional.

There will be some field numbers missing from some worksheets. This indicates system-displayed information fields which require no user definition.

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Chapter 1 - PARAMETER FILES

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ENTITY PARAMETERS

Entity: _____

```
1 T&A Interface    2 Other Upload Description  3 Other Upload Routine (8-A-C)
  (U/T/O/N-A-R)      (25-AN-O)                    (Program Name - Installer)
  _____     _____        _____
 4  Multi-Ent Ind
   (Y/N-A-R)
   _____
```

DEPARTMENT TYPE

```
5 Add-On    6 Benefit   7 Deduction  8 Holiday  9 Reg
 (H/P-A-R)  (H/P-A-R)   (H/P-A-R)    (H/P-A-R)  (C/H/P-A-R)
 _____     _____     _____      _____     _____


10 HSL Interface  11 Media     12 HSL ID Code  13 HSL JC Size  14 HSL PT Size
   Ind (Y/N/O-A-R)  (T/N/C/A-5-A-R) (2-N-C)       (2-N-R)         (2-N-R)
   _____   _____       _____         _____         _____


15 City           16 State       17 Zip Code      18 Area Code
   (18-AN-R)         (2-AN-R)       (10-N-R)OR(6-AN-O)  (3-N-R)
   _____          _____     _____     _____


19 Payroll Sort     20 Incl Zero Amts(Rpts)   21 Print Zero Checks
    (A/N-A-R)             (Y/N-A-R)                 (Y/N-A-R)
  _____     _____       _____


22 FLEX ID Nbr Type  23 Audit History    24 Audit Ret Days
   (N/Y/E/S-A-R)        (Y/N-1-A-O)          (4-N-O)
   _____    _____     _____


25 Edit By            26 Edit Date
   (Display Only)        (Display Only)
   _____     _____


27 Multi-State TCE Exception Dept    Multi-State TCE Exception State
   (10-N-O)                             (2-A-O)
   _____          _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

FEDERAL TAX REPORTING PARAMETERS

Entity: _____

1 Address Line 1   2 Address Line 2
  (25-AN-R)   (25-AN-O)

_____

3 City   4 State   5 Zip Code   6 IRS ID Nbr
  (18-AN-R) (2-A-R)   (10-N-R) OR (6-AN-R) (9-N-R)

_____ _____ _____ _____

7 FUTA Exempt   8 Aggregation Ind   9 Alt Aggregation Limit
  (Y/N-A-R)   (1/2/3-N-R)   (9-N-C)

_____ _____ _____

10 Garnishment Exempt %   11 Garnishment Factor 12 Minimum Hourly Rate
  (6-N-O)   (3-N-O)   (5-N-O)

_____ _____ _____

13 Tax Self Adjust Ind   14 Edit By   15 Edit Date
  (1/2/3-N-R)   (Display Only)   (Display Only)

_____ _____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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GENERAL LEDGER RELATED FEDERAL PARAMETERS

Entity: _____   Fiscal Yr.:_____

1 Federal Income Tax Department
   (10-N-R)

   _____

2 Federal Income Tax Subaccount
   (10-N-R)

   _____

3 FUTA Expense Department
   (10-N-O)

   _____

4 FUTA Expense Subaccount
   (10-N-C)

   _____

5 FUTA Tax Department
   (10-N-C)

   _____

6 FUTA Tax Subaccount
   (10-N-C)

   _____

7 FICA Employee Tax Department
   (10-N-R)

   _____

8 FICA Employee Tax Subaccount
   (10-N-R)

   _____

9 FICA Employer Expense Department
   (10-N-O)

   _____

10 FICA Employer Expense Subacct
   (10-N-C)

   _____

11 FICA Employer Tax Department
   (10-N-R)

   _____

12 FICA Employer Tax Subaccount
   (10-N-R)

   _____

13 Edit By
   (Display Only)

   _____

14 Edit Date
   (Display Only)

   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

GENERAL LEDGER RELATED FEDERAL PARAMETERS - SCREEN 2

```
Entity: _____     Fiscal Yr.:_____
```

1 MHI Employee Tax Department   2 MHI Employee Tax Subaccount
  (10-N-R)   (10-N-R)

  _____   _____

3 MHI Employer Expense Department   4 MHI Employer Expense Subaccount
  (10-N-O)   (10-N-R)

  _____   _____

5 MHI Employer Tax Department   6 MHI Employer Tax Subaccount
  (10-N-R)   (10-N-C)

  _____   _____

7 EIC Employee Tax Department   8 EIC Employee Tax Subaccount
  (10-AN-R)   (10-AN-R)

  _____   _____

9 Edit By   10 Edit Date
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

GENERAL LEDGER RELATED STATE PARAMETERS

Entity: _____   Fiscal Yr.:_____   State Tax Code:_____

EMPLOYEE:

 1 Tax Type   2 Liab Tax Dept   3 Liab Tax Subacct
   (2-N-R)   (10-N-R)   (10-N-R)

   _____   _____   _____

EMPLOYER:

 1 Tax Type   2 Expense Tax Dept   3 Liab Tax Dept
   (2-N-R)   (10-N-R)   (10-N-R)

   _____   _____   _____

 4 Expense Tax Subacct   5 Liab Tax Subacct
   (25-AN-R)   (25-AN-R)

   _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

GENERAL LEDGER RELATED LOCAL PARAMETERS

Entity: _____   Fiscal Yr: _____

EMPLOYEE:

1 Local Code   Tax Type   Liab Tax Dept   Liab Tax Subacct
  (4-AN-R)   (10-N-R)   (25-N-R)   (25-N-R)

  _____   _____   _____   _____

EMPLOYER:

1 Local Code   Tax Type   Expense Tax Dept   Liab Tax Dept
  (4-AN-R)   (2-N-R)   (10-N-R)   (10-N-R)

  _____   _____   _____   _____

   Expense Tax Subacct   Liab Tax Subacct
   (25-AN-R)   (25-AN-R)

   _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

GENERAL LEDGER RELATED GENERAL PARAMETERS

Entity: _____　　　　　Fiscal Yr:_____

1 Payroll Accrual Department　　　　　2 Payroll Accrual Subaccount
　(10-N-R)　　　　　　　　　　　　　　　　(10-N-R)

　_____　　　　　　　_____

3 Prepaid Salary Department　　　　　4 Prepaid Salary Subaccount
　(10-N-O)　　　　　　　　　　　　　　　　(10-N-C)

　_____　　　　　　　_____

5 Default Department　　　　　　　　　6 Default Subaccount
　(10-N-O)　　　　　　　　　　　　　　　　(10-N-O)

　_____　　　　　　　　　　_____

7 Edit By　　　　　　　　　　　　　　　8 Edit Date
　(Display Only)　　　　　　　　　　　　(Display Only)

　_____　　　　　　　　　　_____

9 Agency Code　　　Liability Department　　　Liability Subaccount
　(2-AN-O)　　　　　(10-N-C)　　　　　　　　(10-N-C)

　_____　　　_____　　　_____

　_____　　　_____　　　_____

　_____　　　_____　　　_____

　_____　　　_____　　　_____

　_____　　　_____　　　_____

　_____　　　_____　　　_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

JOB CLASS/PAY TYPE GENERAL LEDGER POSTING PARAMETERS

```
Entity: _____          Fiscal Yr: _____

1 Master Department                            2 Master Subaccount
  (10-N-O)                                       (10-N-O)


  _____                            _____


3 Edit By                                      4 Edit Date
  (Display Only)                                 (Display Only)


  _____                                       _____


5 Job Class     Pay Type      GL Class Code    GL Subaccount
  (4-AN-O)      (3-AN-O)      (1-N-C)          (10-N-C)


  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____

  _____     _____     _____    _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

GENERAL LEDGER RELATED ADD-ON PAY PARAMETERS

```
Entity: _____        Fiscal Yr:_____

1 Pay Type (3-AN-R)


   _____

G/L Add-on Pay Dept (10-N-R)


   _____

G/L Add-on Pay Sub-acct (10-N-R)


   _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

G/L RELATED LOCAL CODE/DEPT MAPPING PARAMETERS

Entity: _____   Fiscal Yr:_____

Local Code

_____

Department

_____

Department

_____

Department

_____

Department

_____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

INTERCOMPANY ACCOUNTS

Entity: _____   Link Entity:_____

1 Home Entity Receivable Department   2 Receivable Subaccount
  (10-N-C)   (10-N-C)

  _____   _____

3 Link Entity Liability Department   4 Liability Subaccount
  (10-N-C)   (10-N-C)

  _____   _____

5 Link Entity Expense Department   6 Expense Subaccount
  (10-N-C)   (10-N-R)

  _____   _____

7 Link Entity Prepaid Salary Department 8 Prepaid Subaccount
  (10-N-R)   (10-N-O)

  _____   _____

9 Edit By   10 Edit Date
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

NON-ENTITY SPECIFIC PARAMETERS

1 Pos Cntl Synch-UP Method
  (M/W/D-1-A-R)

_____

2 Synch-Up Interval
  (2-N-R)

_____

3 Last Date Synch-Up Run
  (Display Only)

_____

4 HSL Interface Decimal Ind
  (F/I-1-A-O)

_____

5 HSL Interface ID Code Ind
  (E/I-1-A-O)

_____

6 SSN Display Mask
  (9-AN-R)

_____

7 SSN Report Mask
  (9-AN-R)

_____

8 Edit By
  (Display Only)

_____

9 Edit Date/Time
  (Display Only)

_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

STATE TAX REPORTING PARAMETERS

Entity:_____   State Tax Code:_____

1 SIT Number   2 SUI Number   3 SDI Number
  (11-AN-0)   (15-AN-O)   (10-AN-O)

  _____   _____   _____

4 Garnishment Exempt %   5 Garnishment Factor
  (6-N-O)   (3-N-O)

  _____   _____

6 Mult Child Support Payment Alloc Method
  (O/P/E-1-A-R)

  _____

7 Default Tax Marital Status   8 Default Tax Marital Status
  (Married)   (Single)

  _____   _____

9 Employer Local Codes
  (4-AN-O)

  _____

10 Edit By   11 Edit Date
   (Display Only)   (Display Only)

   _____   _____

12 Employer Tax Type   Current Rt Future Rt Eff Date   E.By Edit Dt
   (2-N-O)

   _____

Date Completed		By		#		of	
Date Revised		By				
Data Entry Date		By				

ACH DIRECT DEPOSIT PARAMETERS

PAY CHECK PARAMETERS - DIRECT DEPOSIT INFORMATION:

1 Direct Deposit Receiving Bank   2 ACH Transmission Method
  (2-N-R)   (1-A-R)

  _____   _____

3 Pad PC File with 9s   4 Code 27 Record Indicator
  (1-A-O)   (1-A-R)
  _____   _____

5 Immediate Origin   6 Company Identification
  (10-AN-R)   (10-N-R)

  _____   _____

CHILD SUPPORT STATE DISBURSEMENT UNIT - SDU INFORMATION:

1 SDU Receiving Bank   2 SDU Bank Account Number
  (2-N-O)   (17-N-C)

  _____   _____

3 Pad PC File with 9s   4 Code 27 Record Indicator
  (1-A-C)   (1-A-C)

  _____   _____

5 Immediate Origin   6 Company Identification
  (10-AN-C)   (10-N-R)

  _____   _____

7 Discretionary Data   8 Medical Support Ind
  (20-AN-O)   (Y/N-1-A-C)

  _____   _____

9 Immediate Destination Bank   10 Edit By   11 Edit Date
  (10-N-O)   (Display Only)   (Display Only)

  _____ _____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BSI PARAMETERS

1 DNS Name or IP Address of STAR BSI Client   2 STAR BSI Client Port
  (38-AN-R)   (5-N-R)

  _____   _____

3 Tax Factory DATASOURCE   4 Tax Factory DATASET
  (38-AN-R)   (38-AN-R)

  _____   _____

5 Message Viewer Message Level   6 Max Number of Passes Per Deduction
  (1-N-R)   (2-N-R)

  _____   _____

7 PA Local Fac/Dept Ind   8 PA Local Alt Reciprocal Formula Ind

___ F   ___D   ___Yes   ___No

9 Edit By   10 Edit Date/Time
  (Display Only)   (Display Only)

  _____   _____

Chapter 2 - CODE TABLES

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AAP JOB CODE TABLE WORKSHEET

1 AAP CODE   2 DESCRIPTION   3 STATUS
  (4-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 Edit By   5 Edit Date
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By				
Data Entry Date		By				

AGENCY CODE TABLE WORKSHEET

```
1 AGENCY CODE  (2-AN-R)        _____

2 DESCRIPTION (25-AN-R)        _____

3 STATUS (DISPLAY ONLY)        _____

4 ADDRESS LINE 1 (25-AN-O) _____

5 ADDRESS LINE 2 (25-AN-O) _____

6 CITY/ 7 STATE/ 8 ZIP         _____
  (18-AN-O)/(2-A-O)/(6-A-0)

9 EDIT BY/ 10 EDIT DATE        _____
  (Display Only / Display Only)




1 AGENCY CODE  (2-AN-R)        _____

2 DESCRIPTION (25-AN-R)        _____

3 STATUS (DISPLAY ONLY)        _____

4 ADDRESS LINE 1 (25-AN-O) _____

5 ADDRESS LINE 2 (25-AN-O) _____

6 CITY/ 7 STATE/ 8 ZIP         _____
  (18-AN-O)/(2-A-O)/(6-A-0)

9 EDIT BY/ 10 EDIT DATE        _____
  (Display Only / Display Only)




1 AGENCY CODE  (2-AN-R)        _____

2 DESCRIPTION (25-AN-R)        _____

3 STATUS (DISPLAY ONLY)        _____

4 ADDRESS LINE 1 (25-AN-O) _____

5 ADDRESS LINE 2 (25-AN-O) _____
```

(CONTINUED)

```
6 CITY/ 7 STATE/ 8 ZIP     _____
  (18-AN-O)/(2-A-O)/(6-A-0)

9 EDIT BY/ 10 EDIT DATE     _____
   (Display Only / Display Only)




1 AGENCY CODE  (2-AN-R)      _____

2 DESCRIPTION (25-AN-R)      _____

3 STATUS (DISPLAY ONLY)      _____

4 ADDRESS LINE 1 (25-AN-O) _____

5 ADDRESS LINE 2 (25-AN-O) _____

6 CITY/ 7 STATE/ 8 ZIP       _____
  (18-AN-O)/(2-A-O)/(6-A-0)

9 EDIT BY/ 10 EDIT DATE      _____
   (Display Only / Display Only)
```

NOTE: STATE must be valid in the STAR PATIENT CARE Code Table.

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BANK ACCOUNT TYPE CODE TABLE WORKSHEET

1 BANK ACCOUNT 2 DESCRIPTION   3 STATUS
 TYPE CODE   (25-AN-R)   (Display Only)
 (2-AN-R)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____

4 EDIT BY   5 EDIT DATE
 (Display Only)   (Display Only)

_____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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BATCH JOB CODE TABLE WORKSHEET

```
1 BATCH JOB CODE     2 DESCRIPTION       3 APPLICABLE PROCESS  4 STATUS
  (DISPLAY ONLY)       (DISPLAY ONLY)      (DISPLAY ONLY)        (DISPLAY ONLY)


_____    _____   _____   _____


5 EDIT BY            6 EDIT DATE
  (Display Only)       (Display Only)


_____    _____


7 PAYROLL CYCLE      CYCLE TYPE          SCHEDULE CODE       PROCESS
(2-AN-R)             (1-A-R)             (2-AN-R)            (1-A-R)


_____      _____   _____   _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BENEFIT CHECK PRINT PRIORITY CODE TABLE WORKSHEET

Entity:_____

1 BENEFIT CHECK   2 DESCRIPTION   3 STATUS
  PRINT PRIORITY CODE   (15-AN-R)   (Display Only)
  (2-N-R)

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

   _____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

   _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BENEFIT TYPE CODE TABLE WORKSHEET

1 BENEFIT TYPE
  CODE
  (2-N-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BLOOD TYPE CODE TABLE WORKSHEET

1 BLOOD TYPE CODE   2 DESCRIPTION   3 STATUS
  (4-AN-R)   (25-C-R)   (Display Only)

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

CERTIFICATE/LICENSE/PERMIT CODE TABLE WORKSHEET

```
1 CERT/LIC/PERMIT CODE  2 DESCRIPTION    3 TYPE CODE         4 STATUS
  (4-AN-R)                (25-AN-R)        (C,D,I,L,O,P,T-AR)   (Display Only)


  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____

  _____    _____   _____   _____


5 EDIT BY              6 EDIT DATE
  (Display Only)          (Display Only)


  _____        _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

CONFIDENTIAL LEVEL CODE TABLE WORKSHEET

1 CONFIDENTIAL   2 DESCRIPTION   3 STATUS
  LEVEL CODE   (25-AN-R)   (Display Only)
  (1-N-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

CUSTOM BENEFIT PLAN CODE TABLE WORKSHEET

1 CODE   2 DESCRIPTION   3 STATUS
  (4-AN-R)   (25-AN-R)   (Display Only)

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

DEDUCTION CHECK PRINT PRIORITY CODE TABLE WORKSHEET

Entity:_____

1 DEDUCTION CHECK PRINT PRIORITY (2-N-R)	2 DESCRIPTION (15-AN-R)	3 ABBREVIATION (4-AN-O)	4 STATUS (Display Only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 EDIT BY (Display Only)	6 EDIT DATE (Display Only)
_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

DIVISION CODE TABLE WORKSHEET

Entity: _____

1 DIVISION CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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DRIVERS LICENSE CLASS CODE TABLE WORKSHEET

1 DRIVERS LICENSE
  CLASS CODE
  (2-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EDUCATION LEVEL CODE TABLE WORKSHEET

1 EDUCATION LEVEL
  CODE
  (4-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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_____   _____   _____

_____   _____   _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE NUMBER ASSIGNMENT GROUP

Entity : _____

1 GROUP CODE (1-N-R)	2 EMPLOYEE # ASSIGN- MENT DESCRIPTION (25-AN-R)	3 STARTING # IN RANGE (10-N-R)	4 ENDING # IN RANGE (10-N-R)	5 LAST # USED IN RANGE (10-N-D)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6 EDIT BY   7 EDIT DATE
  (DISPLAY ONLY)   (DISPLAY ONLY)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE RELATIONSHIP CODE TABLE WORKSHEET

1 CODE (1-AN-R)   2 DESCRIPTION (25-AN-R)

_____   _____

3 STATUS (Display Only)

_____

4 EDIT BY (Display Only)   5 EDIT DATE (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE STATUS CODE TABLE WORKSHEET

1 EMPLOYEE STATUS
  CODE
  (2-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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_____   _____   _____

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_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE STATUS REASON CODE TABLE WORKSHEET

1 EMPLOYEE STATUS   2 DESCRIPTION   3 STATUS
  REASON CODE   (25-AN-R)   (Display Only)
  (2-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE TYPE CODE TABLE WORKSHEET

Entity: _____

```
                          2 NUMBER
1 EMPLOYEE                   ASSIGNMENT            3 EMPLOYEE NO. =
  TYPE                       GROUP                   SOCIAL SECURITY NO.
  (H OR N)                   (SELECT FROM LIST)      (Y OR N)
  (1-A-R)                    (1-AN-R)                (1-A-R)


HOSPITAL                  _____    _____


NON-HOSPITAL             _____    _____




4 EDIT BY               5 EDIT DATE
  (Display Only)           (Display Only)


  _____      _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYEE WORK STATUS CODE TABLE WORKSHEET

1 CODE (1-AN-R)   2 DESCRIPTION (25-AN-R)

_____   _____

3 FT/PT INDICATOR (1-A-R)   4 STATUS (Display Only)

_____   _____

5 EDIT BY (Display Only)   6 EDIT DATE (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EMPLOYER CODE TABLE WORKSHEET

1 EMPLOYER CODE (5-AN-R)   _____

2 DESCRIPTION (25-AN-R)   _____

3 ADDRESS LINE 1 (25-AN-R)   _____

4 ADDRESS LINE 2 (25-AN-O)   _____

5 CITY/ 6 STATE / 7 ZIP   _____
  (18-AN-O) / (2-A-O) / (9-N-O)

8 STATUS (Display Only)   _____

9 EMPLOYER CONTACT   _____
  (37-AN-O)

10 CONTACT TELEPHONE   _____
  (13-AN-O)

11 MEDICAL INSURANCE CARRIER   _____
  (25-AN-O)

12 MEDICAL INSURANCE PLAN NBR   _____
  (25-AN-O)

13 EDIT BY (Display Only)   _____

14 EDIT DATE (Display Only)   _____

1 EMPLOYER CODE (5-AN-R)   _____

2 DESCRIPTION (25-AN-R)   _____

3 ADDRESS LINE 1 (25-AN-R)   _____

4 ADDRESS LINE 2 (25-AN-O)   _____

5 CITY/ 6 STATE / 7 ZIP   _____
  (18-AN-O) / (2-A-O) / (9-N-O)

8 STATUS (Display Only)   _____

9 EMPLOYER CONTACT   _____
  (37-AN-O)

10 CONTACT TELEPHONE   _____
   (13-AN-O)

11 MEDICAL INSURANCE CARRIER   _____
   (25-AN-O)

12 MEDICAL INSURANCE PLAN NBR   _____
   (25-AN-O)

13 EDIT BY (Display Only)   _____

14 EDIT DATE (Display Only)   _____

 1 EMPLOYER CODE (5-AN-R)   _____

 2 DESCRIPTION (25-AN-R)   _____

 3 ADDRESS LINE 1 (25-AN-R)   _____

 4 ADDRESS LINE 2 (25-AN-O)   _____

 5 CITY/ 6 STATE / 7 ZIP   _____
   (18-AN-O) / (2-A-O) / (9-N-O)

 8 STATUS (Display Only)   _____

 9 EMPLOYER CONTACT   _____
   (37-AN-O)

10 CONTACT TELEPHONE   _____
   (13-AN-O)

11 MEDICAL INSURANCE CARRIER   _____
   (25-AN-O)

12 MEDICAL INSURANCE PLAN NBR   _____
   (25-AN-O)

13 EDIT BY (Display Only)   _____

14 EDIT DATE (Display Only)   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

EXPERIENCE LEVEL CODE TABLE WORKSHEET

1 EXPERIENCE LEVEL
  CODES
  (3-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

FACILITY/LOCATION CODE TABLE WORKSHEET

1 FACILITY/LOCATION   2 DESCRIPTION   3 STATUS
   CODES   (25-AN-R)   (Display Only)
   (2-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
   (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

FIELD OF STUDY CODE TABLE WORKSHEET

1 FIELD OF STUDY   2 DESCRIPTION   3 STATUS
  CODES   (25-AN-R)   (Display Only)
  (4-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

FLEX INTERFACE PORT WORKSHEET

```
 1 FLEX PORT              2 PORT DESCRIPTION          3 STATUS
   (DISPLAY ONLY)            (DISPLAY ONLY)              (DISPLAY ONLY)


   _____    _____        _____


 4 FLEX FILE
   PATHNAME, INCLUDING
   DRIVE AND SUBDIRECTORY
   (40-AN-R)


   _____


 5 EDIT BY            6 EDIT DATE
   (Display Only)       (Display Only)


   _____    _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

GTL GROUP CODE TABLE

1 Code   2 Description   3 Status   4 GTL Factor
(Display Only)   (35-AN-R)   (Display Only)   (8-N-R)

 _____   _____   _____   _____

5 Maximum Coverage   6 GTL Calculated Coverage Formula
  (10-N-R)   (1-N-R)

 _____   _____

7 Last Process Run - Date - Eff Beg CY/PP - PP's Spread Across
  (Display Only)

 _____

8 Record Type   9 Edit By   10 Edit Date
  (1-A-R)   (Display Only)   (Display Only)

 _____   _____   _____

   E X C E S S   G R O U P - T E R M   L I F E   I N F O R M A T I O N

11   Pay Type   Pay Cycle   Schedule Code   Eff End CY   Eff End PP
      (3-AN-R)   (2-AN-R)   (2-AN-R)   (4-N-O)   (2-N-C)

   _____   _____   _____   _____   _____

Date Completed		By		#		of	
Date Revised		By				
Data Entry Date		By				

HANDICAP CODE TABLE WORKSHEET

1 HANDICAP   2 DESCRIPTION   3 STATUS
  CODE   (25-AN-R)   (Display Only)
  (2-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

HIRE SOURCE CODE TABLE WORKSHEET

1 HIRE SOURCE CODE   2 DESCRIPTION   3 STATUS
   (2-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
   (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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HOLIDAY CODE TABLE WORKSHEET

1 HOLIDAY CODE (3-AN-R)	2 DESCRIPTION (25-AN-R)	3 REMITTANCE DESCRIPTION (10-AN-O)	4 STATUS (Display Only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 EDIT BY (Display Only)	6 EDIT DATE (Display Only)
_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

JOB CODE TABLE WORKSHEET

```
1 JOB CODE              2 DESCRIPTION            3 STATUS
  (4-AN-R)                (25-AN-R)                (Display Only)
```

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

```
4 EDIT BY              5 EDIT DATE
  (Display Only)         (Display Only)
```

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

LABOR REPORTING CODE TABLE WORKSHEET

Entity: _____

THE LABOR REPORTING CODE MAY ONLY BE A VALUE OF 01 - 10

1 LABOR REPORTING   2 DESCRIPTION   3 STATUS
  CODE   (7-AN-R)   (Display Only)
  (2-N-R)

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

  _____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

LANGUAGE CODE TABLE WORKSHEET

1 LANGUAGE CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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LOCAL TAX CODE TABLE WORKSHEET

1 CODE   2 DESCRIPTION
  (4-AN-R)   (25-AN-R)

_____   _____

3 TAX ID NUMBER   4 STATUS   5 EDIT BY   6 EDIT DATE
  (10-AN-R)   (Display Only)   (Display Only)   (Display Only)

_____   _____   _____   _____

7 TRAN CODE   TAX TYPE   ACCUM   GROSS UP
  (8-N-R)   (2-N-R)   (1-A-C)   (1-A-R)

_____ _____ _____ _____

  TAX PAYER   E.BY EDIT DT
  (DISPLAY ONLY)   (DISPLAY ONLY)

_____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

MULTI-ENTITY EMPLOYEE COPY FLOW

```
1 Flow Description      2 Status        3 Edit By          4 Edit Date
  (25-AN-R)               (DISPLAY ONLY)  (DISPLAY ONLY)      (DISPLAY ONLY)
```

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

PARKING ASSIGNMENT CODE TABLE WORKSHEET

1 PARKING ASSIGNMENT   2 DESCRIPTION   3 STATUS
  CODE   (25-AN-R)   (Display Only)
  (4-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY STEP CODE TABLE WORKSHEET

1 PAY STEP   2 DESCRIPTION   3 STATUS
  CODE   (25-AN-R)   (Display Only)
  (3-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY TYPE CHECK PRINT PRIORITY CODE TABLE WORKSHEET

Entity: _____

1 Pay Type Check Print Priority Code (2-N-R)	2 Description (15-AN-R)	3 Abbreviation (4-AN-O)	4 Status (Display Only)	5 Shift Ind (Y/N-A-R)	6 Holiday Ind (Y/N-A-R
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7 Edit By
  (Display Only)

8 Edit Date
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PENSION PLAN CODE TABLE WORKSHEET

1 PENSION PLAN CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

  _____   _____   _____

4 MINIMUM HOURS REQUIREMENT   5 MINIMUM AGE REQUIREMENT
  (7-N-O)   (2-N-O)

  _____   _____

6 PROBATION MONTHS
  (2-N-O)

  _____

7 EDIT BY   8 EDIT DATE
  (Display Only)   (Display Only)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PERFORMANCE RATING CODE TABLE WORKSHEET

1 PERFORMANCE   2 DESCRIPTION   3 STATUS
  RATING CODE   (25-N-R)   (Display Only)
  (2-N-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

PHYSICAL EXAM RATING CODE TABLE WORKSHEET

1 PHYSICAL EXAM   2 DESCRIPTION   3 STATUS
  RATING CODE   (25-N-R)   (Display Only)
  (2-N-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

POSITION TYPE CODE TABLE WORKSHEET

1 POSITION TYPE CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

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PROFESSIONAL AFFILIATION CODE TABLE WORKSHEET

1	PROFESSIONAL AFFILIATION CODE	4-AN-R	
2	DESCRIPTION	25-AN-R	
3	STATUS	Display Only	
4	ADDRESS LINE 1	25-AN-O	
5	ADDRESS LINE 2	25-AN-O	
6	CITY	18-AN-O	
7	STATE	2-A-O	
8	ZIP	9-N-O	
9	PHONE	13-AN-O	
10	PHONE EXTENSION	4-N-O	
11	CONTACT	37-AN-O	
12	COMMENTS	74-AN-O	
13	EDIT BY	Display Only	
14	EDIT DATE	Display Only	
1	PROFESSIONAL AFFILIATION CODE	4-AN-R	
2	DESCRIPTION	25-AN-R	
3	STATUS	Display Only	
4	ADDRESS LINE 1	25-AN-O	
5	ADDRESS LINE 2	25-AN-O	
6	CITY	18-AN-O	
7	STATE	2-A-O	
8	ZIP	9-N-O	
9	PHONE	13-AN-O	
10	PHONE EXTENSION	4-N-O	
11	CONTACT	37-AN-O	
12	COMMENTS	74-AN-O	
13	EDIT BY	Display Only	
14	EDIT DATE	Display Only	

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PROFICIENCY RATING CODE TABLE WORKSHEET

1 PROFICIENCY RATING
  CODE
  (2-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

RELIGIOUS ORDER CODE TABLE WORKSHEET

```
1 RELIGIOUS ORDER
  CODE (2AN-R)                 _____

2 DESCRIPTION (25-AN-R)        _____

3 ADDRESS LINE 1 (25-AN-R)     _____

4 ADDRESS LINE 2 (25-AN-O)     _____

5 CITY / 6 STATE / 7 ZIP       _____
  (18-AN-R)/(2-A-R)/(6-AN-R)

8 STATUS (Display Only)        _____

9 EDIT BY / 10 EDIT DATE       _____
  (Display Only)/(Display Only)



1 RELIGIOUS ORDER
  CODE (2AN-R)                 _____

2 DESCRIPTION (25-AN-R)        _____

3 ADDRESS LINE 1 (25-AN-R)     _____

4 ADDRESS LINE 2 (25-AN-O)     _____

5 CITY / 6 STATE / 7 ZIP       _____
  (18-AN-R)/(2-A-R)/(6-AN-R)

8 STATUS (Display Only)        _____

9 EDIT BY / 10 EDIT DATE       _____
  (Display Only)/(Display Only)



1 RELIGIOUS ORDER
  CODE (2AN-R)                 _____

2 DESCRIPTION (25-AN-R)        _____
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

```
3 ADDRESS LINE 1 (25-AN-R) _____

4 ADDRESS LINE 2 (25-AN-O) _____

5 CITY / 6 STATE / 7 ZIP   _____
  (18-AN-R)/(2-A-R)/(6-AN-R)

8 STATUS (Display Only)     _____

9 EDIT BY / 10 EDIT DATE    _____
  (Display Only)/(Display Only)




1 RELIGIOUS ORDER
  CODE (2AN-R)              _____

2 DESCRIPTION (25-AN-R)     _____

3 ADDRESS LINE 1 (25-AN-R) _____

4 ADDRESS LINE 2 (25-AN-O) _____

5 CITY / 6 STATE / 7 ZIP   _____
  (18-AN-R)/(2-A-R)/(6-AN-R)

8 STATUS (Display Only)     _____

9 EDIT BY / 10 EDIT DATE    _____
  (Display Only)/(Display Only)
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

REMITTANCE CODE TABLE WORKSHEET

1 REMITTANCE CODE　　　　2 DESCRIPTION　　　　　　3 STATUS
　(2-AN-R)　　　　　　　　　(40-AN-R)　　　　　　　　(Display Only)

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

_____　　_____　　_____

4 EDIT BY　　　　　　　　5 EDIT DATE
　(Display Only)　　　　　　(Display Only)

_____　　_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SALARY CHANGE TYPE CODE TABLE WORKSHEET

1 SALARY CHANGE TYPE CODE (2-AN-R)	2 DESCRIPTION (25-AN-R)	3 UPDATE HRS IND (Y/N-R)	4 STATUS (Display Only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 EDIT BY
  (Display Only)

6 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SALARY PER PERIOD TABLE WORKSHEET

1 SALARY PER
   PERIOD CODE
   (2-AN-R)

2 DESCRIPTION
   (25-AN-R)

3 STATUS
   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY
   (Display Only)

5 EDIT DATE
   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SCHEDULE CODE TABLE WORKSHEET

1 SCHEDULE CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

6 PAY PERIODS (Y/N-A-R)

1	____	14	_____	27	_____	40	_____
2	____	15	_____	28	_____	41	_____
3	____	16	_____	29	_____	42	_____
4	____	17	_____	30	_____	43	_____
5	____	18	_____	31	_____	44	_____
6	____	19	_____	32	_____	45	_____
7	____	20	_____	33	_____	46	_____
8	____	21	_____	34	_____	47	_____
9	____	22	_____	35	_____	48	_____
10	____	23	_____	36	_____	49	_____
11	____	24	_____	37	_____	50	_____
12	____	25	_____	38	_____	51	_____
13	____	26	_____	39	_____	52	_____

PAY PERIOD INDICATOR (Y/N) will specify whether or not the Deductions or Employee
Add-on Pay is used during the Pay Period. An entry of "Y" will use the deduction
or add-on pay, an entry of "N" will not use the deduction or add-on pay.

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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SCHOOL CODE TABLE WORKSHEET

1	SCHOOL CODE	4-AN-R	
2	DESCRIPTION	25-AN-R	
3	ADDRESS LINE 1	25-AN-O	
4	ADDRESS LINE 2	25-AN-O	
5	CITY	18-AN-O	
6	STATE	2-A-O	
7	ZIP	9-N-O	
8	STATUS	Display Only	
9	EDIT BY	Display Only	
10	EDIT DATE	Display Only	
1	SCHOOL CODE	4-AN-R	
2	DESCRIPTION	25-AN-R	
3	ADDRESS LINE 1	25-AN-O	
4	ADDRESS LINE 2	25-AN-O	
5	CITY	18-AN-O	
6	STATE	2-A-O	
7	ZIP	9-N-O	
8	STATUS	Display Only	
9	EDIT BY	Display Only	
10	EDIT DATE	Display Only	
1	SCHOOL CODE	4-AN-R	
2	DESCRIPTION	25-AN-R	
3	ADDRESS LINE 1	25-AN-O	
4	ADDRESS LINE 2	25-AN-O	
5	CITY	18-AN-O	
6	STATE	2-A-O	
7	ZIP	9-N-O	
8	STATUS	Display Only	
9	EDIT BY	Display Only	
10	EDIT DATE	Display Only	

Date Completed		By		#		of	
Date Revised		By	
Data Entry Date		By	

SCHOOL TYPE CODE TABLE WORKSHEET

1 SCHOOL TYPE CODE   2 DESCRIPTION   3 STATUS
   (4-AN-R)   (25-AN-R)   (Display Only)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4 EDIT BY   5 EDIT DATE
   (Display Only)   (Display Only)

_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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SHIFT DIFFERENTIAL CODE TABLE WORKSHEET

1 SHIFT DIFFERENTIAL   2 DESCRIPTION   3 STATUS
  CODE (2-N-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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SHIFT RATE CODE TABLE WORKSHEET

ENTITY: _____

1 SHIFT RATE
  CODE (4-AN-R)
	2 DESCRIPTION
	  (25-N-R)
		3 STATUS
		  (Display Only)
			4 PAY GRADE
			  (3-AN-O)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 EDIT BY   6 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SKILL CODE TABLE WORKSHEET

1 SKILL CODE   2 DESCRIPTION   3 STATUS
  (4-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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SKILL LOCATION CODE TABLE WORKSHEET

1 SKILL LOCATION
  CODE (2-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY
  (Display Only)

5 EDIT DATE
  (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SKILL SPECIALTY CODE TABLE WORKSHEET

1 SKILL SPECIALTY   2 DESCRIPTION   3 STATUS
  CODE (4-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

STATE TAX CODE TABLE WORKSHEET

1 STATE TAX CODE
  DESCRIPTION (Display Only) _____

2 BSI AUTHORITY CODE (8-N-R) _____

3 STATE FIPS CODE (2-N-O) _____

4 STATUS (DISPLAY ONLY) _____

5 EDIT BY (Display Only) _____

6 EDIT DATE (Display Only) _____

7 STATE QUARTERLY
  MEDIA TYPE (1-A-R)   _____

8 W-2 MEDIA TYPE (1-A-R) _____

9 SUBMISSION FORMAT
  RECORD LENGTH (1-A-R)   _____

10 STATE QUARTERLY
   RECORD LENGTH (3-N-R)   _____

11 STATE QUARTERLY
   BLOCKING FACTOR (2-N-R) _____

12 W-2 RECORD LENGTH (3-N-R) _____

13 W-2 BLOCKING
   FACTOR (2-N-R)   _____

14 STATE QUARTERLY FILE
   PATHNAME (32-AN-R)   _____

15 W-2 FILE
   PATHNAME (32-AN-R)   _____

16 TAX TYPE   ACCUM   TAX PAYER   E.BY EDIT DT
   (2-N-R)   (1-A-C)   (DISPLAY ONLY) (DISPLAY ONLY)

_____ _____ _____ _____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

TAX GROUP CODE TABLE WORKSHEET

1 CODE   2 DESCRIPTION   3 STATUS
  (4-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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TMLNE/DED/ADDONPAY INTERFACE PORT TABLE WORKSHEET

```
1 T&A PORT (DISPLAY ONLY)             _____

2 PORT DESCRIPTION                    _____

3 STATUS (DISPLAY ONLY)              _____

4 STARPAY FILE PATHNAME INCLUDING DRIVE & SUB-DIRECTORY

  _____

5 STARDED FILE PATHNAME INCLUDING DRIVE & SUB-DIRECTORY

  _____

6 STARAOP FILE PATHNAME INCLUDING DRIVE & SUB-DIRECTORY

  _____

7 EDIT BY (DISPLAY ONLY)             _____

8 EDIT DATE (DISPLAY ONLY)           _____
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

UNION MEMBERSHIP CODE TABLE WORKSHEET

```
1 UNION MEMBER        2 DESCRIPTION        3 UNION LOCAL        4 STATUS
  CODE (2-AN-R)         (25-AN-R)            CODE (4-N-R)         Display Only)
```

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

```
5 EDIT BY            6 EDIT DATE
  (Display Only)       (Display Only)
```

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

VETERAN CODE TABLE WORKSHEET

1 VETERAN CODE   2 DESCRIPTION   3 STATUS
  (2-AN-R)   (25-AN-R)   (Display Only)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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WORK STATUS HOURS CODE TABLE WORKSHEET

1 WORK STATUS HOURS CODE (2-AN-R)	2 DESCRIPTION (25-AN-R)	3 DAILY HOURS (5-N-O)	4 WEEKLY HOURS (5-N-O)	5 HOLIDAY HOURS (5-N-O	6 STATUS (Display Only)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7 EDIT BY
  (Display Only)

8 EDIT DATE
  (Display Only)

_____　　　_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

WORKERS' COMPENSATION RISK CODE TABLE WORKSHEET

1 WORKERS COMPENSATION   2 DESCRIPTION   3 STATUS
  RISK CODE   (25-AN-R)   (Display Only)
  (6-AN-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

4 EDIT BY   5 EDIT DATE
  (Display Only)   (Display Only)

_____   _____

Chapter 3 - MASTER FILES

ADDITIVE RATE GROUP CODE MASTER

```
1 ADDITIVE RATE GROUP CODE     2 DESCRIPTION                    3 STATUS
  (4-AN-R)                        (25-AN-R)                       (Display Only)


  _____              _____     _____


4 ADDITIVE RATE GROUP COMMENTS
  (70-AN-O)


  _____


5   ASSOCIATED CERTIFICATE/LICENSE/PERMIT CODES
    (Multiple-A-O)


    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____

    _____  _____  _____  _____  _____  _____


 6 EDIT BY                 7 EDIT DATE
   (Display Only)            (Display Only)


   _____        _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

ADDITIVE RATE MASTER

ENTITY: _____

1 EMPLOYEE ADDITIVE RATE CODE   2 CODE DESCRIPTION   3 STATUS
  (4-AN-R)   (25-AN-R)   (Display Only)

  _____   _____   _____

4 ADDITIVE RATE GROUP   5 GROUP DESCRIPTION
  (4-AN-R)   (Display Only)

  _____   _____

6 EMPLOYEE TYPE   7 ADDITIVE RATE BASIS   8 AMOUNT   9 PERCENT
   (A/H/N-A-R)   (F/P-A-R)   (7-N-C)   (6-N-C)

   _____   _____   _____   _____

10 EDIT BY   11 EDIT DATE/TIME

   _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BANK MASTER WORKSHEET

1 BANK
  CODE   2 NAME
  (6-N-R)   (40-AN-R)

  _____   _____

3 ADDRESS
  LINE 1
  (25-AN-R)

  _____

4 ADDRESS
  LINE 2
  (25-AN-O)

  _____

5 CITY   6 STATE   7 ZIP CODE
  (18-A-O)   (2-A-O)   (9-N-O) OR (6-AN-O)

  _____

8 PHONE
  NUMBER   9 EXT.   10 CONTACT
  (13-N-O)   (4-N-O)   (25-AN-O)

  _____   _____   _____

11 FAX   12 FEDERAL TRANSIT   13 STATUS
   PHONE   NUMBER   (DISPLAY ONLY)
   (13-N-O)   (12-N-O)

  _____   _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BENEFIT PLAN MASTER WORKSHEET - DEFINITION SCREEN

```
Entity:_____

1 BENEFIT PLAN CODE       2 DESCRIPTION            3 STATUS
  (3-AN-R)                  (25-AN-R)                (Display Only)


_____         _____       _____

*(ROLLOVER METHOD is only necessary if YEAR METHOD = A)

4 BEN TYPE     5 CHK PRT       6 YEAR          *7 ROLLOVER
                 PRIORITY        METHOD            METHOD
  (2-AN-R)       (2-N-O)         (A/C/F-A-R)       (A/B/D-A-C)


  _____     _____      _____         _____

8 PROBATION    9 PROB NOTIFY    10 PROB A/E   11 PROB ACCR
  DAYS           DAYS              DATE           ROLL
  (3-N-O)        (3-N-O)           (Y/N-A-R)      (6-A-R)
                                                  (B)eg. Balance
                                                  (E)arned


  _____  _____      _____    _____

12 ACCRUAL     13 ACCRUED-EARNED  14 ACCRUED-EARNED   15 HOURS AVAILABLE
   METHOD         HOURS              DAYS                EQUATION
   (D/H/N-A-R)    (7-N-C)            (3-N-C)             (15-A-R)


   _____  _____  _____    _____

16 HOURS AVAILABLE    17 BEN AVAIL      18 HOURS ROLLOVER
   ACCUM IND (1-N-R)     IND (Y/N-A-R)     EQUATION (15-A-R)


   _____    _____   _____

19 BENEFIT ACCRUAL    20 ROLL DATE     21 CALENDAR ROLL PAY CYCLE   YEAR     PP
   IND (Y/N-1-A-O)       CALC  (1-A-C)     (2-AN-R)                 (4-N-C) (2-N-C)


   _____    _____     _____   ____  ____

For above equations:
A= Accrued Hours; B = Beginning Balance Hours;
E = Earned Hours; T = Taken Hours; P = Purchased (Buy-Back) Hours;
N = Flat Maximum Hour Total (Rollover only)
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

BENEFIT PLAN MASTER WORKSHEET - ACCRUAL SCREEN

Entity: _____

BENEFIT PLAN CODE AND DESCRIPTION: _____

1 CALC LIAB   2 HOURS ACCRUAL
  AMOUNT   EQUATION
  (+ / +/-N-R)   (15-A-R)

  _____   _____

3 SHIFT DIFF IND   4 ADD RATE INDICATOR   5 ADDITIVE RATE GROUPS
   (Y/N-A-R)   (Y/N-A-R)   (MULTIPLE-AN-C)

   _____   _____   _____

6 BENEFIT EXPENSE   7 BENEFIT EXPENSE   8 BENEFIT LIAB   9 BENEFIT LIAB
  DEPARTMENT   SUBACCOUNT   DEPARTMENT   SUBACCOUNT
  (10-N-C)   (10-N-R)   (10-N-C)   (10-N-R)

_____   _____   _____   _____

10 EDIT BY   11 EDIT DATE
   (DISPLAY ONLY)   (DISPLAY ONLY)

   _____   _____

For above equations: A = Accrued Hours; B = Beginning Balance Hours;
E = Earned Hours; T = Taken Hours; P = Purchased (Buy-Back) Hours

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

BENEFIT PLAN MASTER WORKSHEET - SERVICE PLAN

It may be necessary to use more than one SCREEN 3 OF 3 page to complete the Benefit Plan Master Worksheet.

Entity:_____

BENEFIT PLAN CODE AND DESCRIPTION:_____

1 SERVICE PLAN
  CODE
  (3-AN-R)
	2 SERVICE PLAN
	   DESCRIPTION
	   (25-AN-R)
		3 STATUS
		  (Display
		   Only)
			4 FLAT IND
			  (Y/N-A-R)

_____	_____	_____	_____

5 SENIORITY
  METHOD
  (2-A-R)
	6 SEN COMP
	  BASIS
	  (1-A-R)
		7 MINIMUM
		  HRS/AWARD
		  (6-N-O)
			8 HOUR INDICATOR
			  (Y/N-R)

_____	_____	_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

SERVICE PLAN SENIORITY LEVEL

1 SERVICE   2 SERVICE PLAN   3 SENIORITY
   PLAN   DESCRIPTION   METHOD
 (DISPLAY ONLY)   (DISPLAY ONLY)   (DISPLAY ONLY)

_____   _____   _____

4 SENIORITY   5 LEVEL   6 CALC   7 CALC
   LEVEL   DESCRIPTION   BASIS   RATE
   (8-N-R)   (15-AN-O)   (F/H-A-R)   (7-NC-R)

  _____   _____   _____   _____

8 PP-MIN   9 PP-MAX   10 PP-MAX EARN HRS   11 YTD-MAX
   ACCR/EARN HRS   ACCR HRS   (6-N-C)   ACCR HRS
   (6-N-C)   (6-N-C)   (7-N-C)

_____   _____   _____   _____

12 YTD -MAX   13 MAX ROLLOVER   14 MAX AVAILABLE   15 MAX NEG AVAIL
   EARN HRS   HOURS   HOURS   HOURS
   (8-N-C)   (8-N-C)   (8-N-C)   (7-N-C)

  _____   _____   _____   _____

16 EDIT BY   17 EDIT DATE
   (DISPLAY ONLY)   (DISPLAY ONLY)

   _____   _____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

CHECK CODES MASTER WORKSHEET

Entity: _____

1 CHECK CODE   2 DESCRIPTION
  (2-N-R)   (25-AN-R)

  _____   _____

3 CHECKING ACCOUNT   4 BANK   5 ACH DISCRETIONARY
  NUMBER   CODE   DATA
  (18-N-R)   (6-N-R)   (20-AN-O)

  _____   _____   _____

6 PHONE   7 EXT   8 CONTACT   9 LAST PRINT/
                                                              RUN DATE
  (13-N-0)   (4-N-O)   (25-AN-O)   (DISPLAY)

  _____   _____   _____   _____

10 CHECK PRINT DEVICE   11 LAST CHECK # PRINTED 12 CHECK PRINT ORDER
   (18-AN-R)   (10-N-R)   (12-N-R)

   _____   _____   _____

13 LAST TAPE   14 LAST TAPE
   RECONCILE DATE   RECONCILE AMT
   (DISPLAY ONLY)   (DISPLAY ONLY)

   _____   _____

15 INSTRUCTIONS
   (80-AN-O)

   _____

16 REMITTANCE PRINT LOCATION   17 LAST REMIT # PRINTED
   (1,2,OR 3-N-R)   (10-N-C)

   _____   _____

18 REMITTANCE PRINT ORDER   19 REMIT AMT PRINT
   (12-N-R) [there may be more than   (Z/A-A-R)
    one in a list]

   _____   _____

```
20 BANK RECON TAPE                    21 STATUS
   INDEX INDICATOR                       (Display Only)
   (3-A-C)


   _____                      _____




FISCAL YEAR _____

1 CHECK CODE AND    2 DESCRIPTION: _____
  (Display Only)     (Display Only)

3 GENERAL LEDGER CASH               4 GENERAL LEDGER CASH
  DEPARTMENT                          SUBACCOUNT
  (10-N-R)                            (10-N-R)


  _____          _____

5 GENERAL LEDGER CASH LIABILITY     6 GENERAL LEDGER CASH LIABILITY
  DEPARTMENT                          SUBACCOUNT
  (10-N-R)                            (10-N-R)


  _____      _____
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

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DEDUCTION MASTER - DEFINITION SCREEN

ENTITY:_____

1 DEDUCTION	2 DESCRIPTION	3 STATUS	4 PRI ORDER	5 DEDUCTION
CODE	(25-AN-R)	(Display	(Display	CLASSIFICATION
(3-AN-R)		Only)	Only)	(1-A-R)

_____ _____ _____ _____ _____

6 DEDUCTION (Values are determined by
  PLAN CODE   the value given in the
  (1-A-C)   DEDUCTION CLASSIFICATION field)

_____

7 TAX LEVY STATE CODE (2-N-C)

_____

8 CHECK PRINT	9 YTD CHECK PRINT	10 CHECK TYPE	11 CREDIT UNION/UNION DUES
PRIORITY	INDICATOR	(S/A/B-A-R)	INDICATOR
(2-N-O)	(Y/N-A-R)		(C/U-A-O)

_____ _____ _____ _____

12 ARREARS BASIS
   (1,2,3,4,5,6,7,8-N-R)

_____

13 PAY CYCLE	CYCLE TYPE	SCHEDULE CODE
(2-AN-R)	(R/S/V/O-A-R)	(2-AN-R)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

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DEDUCTION MASTER - DEDUCTION CALCULATION

ENT:_____   DEDUCTION CODE:_____

```
EMPLOYEE>    1 EMPLOYEE              2 EMPLOYEE
               CALCULATION BASIS       DEDUCTION AMT/PERCENT
               (1/2/3/4/5-A-R)         (9-N-C) (6-N-C)


               _____      _____

             3 EMPLOYEE CHANGE IND   4 MAX EE AMT-PP   5 MAX EE AMT -YTD
               (Y/N-A-R)               (8-N-O)           (10-N-O)
               _____      _____ _____

EMPLOYER>    6 EMPLOYER              7 EMPLOYER
               CALCULATION BASIS       DEDUCTION AMT/PERCENT
               (1/2/3/4/5-A-R)         (9-N-C) (6-N-C)


               _____      _____

             8 EMPLOYER CHANGE IND   9 MAX ER AMT-PP   10 MAX ER AMT YTD
               (Y/N-A-R)               (8-N-O)            (9-N-O)


               _____      _____ _____

FLEX>        11 FLEX IND   12 CREDIT COST(ANNUAL)   13 DED/BENEFIT VALUE
               (Y/N-A-R)      (10-N-O)                 (12-N-O)


               _____ _____    _____

             14 AFTER TAX GTL IND
               (1-A-O)


               _____

             15 EDIT BY                        16 EDIT DATE
                (DISPLAY ONLY)                    (DISPLAY ONLY)


               _____                _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

DEDUCTION MASTER - GENERAL LEDGER INFORMATION

ENT:_____   DEDUCTION CODE:_____

1 EMPLOYEE GL DEPT - CREDIT   2 EMPLOYEE GL SUBACCT - CREDIT
  (10-N-C)   (10-N-R)

_____   _____

3 EMPLOYER GL DEPT - DEBIT   4 EMPLOYER GL SUBACCT - DEBIT
  (10-N-O)   (10-N-C)

 _____   _____

5 EMPLOYER GL DEPT - CREDIT   6 EMPLOYER GL SUBACCT - CREDIT
  (10-N-O)   (10-N-C)

_____   _____

7 EDIT BY   8 EDIT DATE
  (DISPLAY ONLY)   (DISPLAY ONLY)

 _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

HOLIDAY MASTER WORKSHEET

```
ENTITY:_____

HOLIDAY PLAN DESCRIPTION:_____

PAY CYCLE:_____

CALENDAR YEAR:_____
```

1 HOLIDAY PLAN (2-AN-R)	2 DESCRIPTION (25-AN-R)	3 ACTION (1/2/3/4-R)
_____	_____	_____

4 PAY CYCLE (Display Only)	5 CALENDAR YEAR (Display Only)	6 STATUS (Display Only)
_____	_____	_____

7 CHECK PRINT PRIORITY (2-N-O)	8 EDIT BY (Display Only)	9 EDIT DATE (Display Only)
_____	_____	_____

10 HOLIDAY CODE (3-AN-R)	VALID FROM YEAR (4-N-R)	VALID FROM PP (2-N-R)	VALID THRU WEEK (1-N-R)	VALID THRU YEAR (4-N-C)	VALID THRU PP (2-N-C)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

JOB CLASS MASTER WORKSHEET - DEFINITION SCREEN

```
Entity: _____
```

```
1 JOB CLASS CODE        2 DESCRIPTION           3 STATUS
  (4-AN-R)                (25-AN-R)               (Display Only)


  _____    _____    _____


4 PAY GRADE        5 HSL CODE       6 PAY STATUS         7 FTE HOURS
  (3-AN-R)           (9-N-O)          (E/N-A-R)            (5-N-O)


  _____      _____      _____        _____


8 EEOC CODE        9 EEOJ CODE      10 AAP JOB CODE     11 JOB DESC CODE
  (1-A-R)            (1-N-R)           (4-AN-O)            (6-AN-0)


  _____      _____     _____    _____


12 WORKERS COMP          13 EXECUTIVE INDICATOR
   RISK CODE                (Y/N-1-A-0)
   (6-AN-0)


   _____     _____


14 EDIT BY               15 EDIT DATE
   (DISPLAY ONLY)           (DISPLAY ONLY)


   _____    _____
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

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JOB CLASS MASTER WORKSHEET - JOB CLASS RATES SCREEN

Entity: _____

1 JOB CLASS CODE (Display Only)	2 DESCRIPTION (Display Only)	3 STATUS (Display Only)
_____	_____	_____
4 PAY GRADE (Display Only)	5 PAY STATUS (Display Only)	6 FTE HOURS (Display Only)
_____	_____	_____
7 CHARGE RATE 1 (7-N-R)	8 CHARGE RATE 2 (7-N-R)	9 CHARGE RATE 3 (7-N-R)
_____	_____	_____
10 ON-CALL RATE 1 (7-N-R)	11 ON-CALL RATE 2 (7-N-R)	12 ON-CALL RATE 3 (7-N-R)
_____	_____	_____
13 FLOAT RATE 1 (7-N-R)	14 FLOAT RATE 2 (7-N-R)	15 FLOAT RATE 3 (7-N-R)
_____	_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

JOB CLASS MASTER WORKSHEET - SHIFT RATE TABLE SCREEN

This page is only necessary when defining Job Class Code which require Shift Rate Codes and accompanying data. When the Shift Rate Code is entered, the other information is then Required.

If more than one Shift Rate is to be defined, please use a separate Screen 3 of 3 worksheet entering the additional Shift Rate Code in Field 1.

```
JOB CLASS CODE: _____


 1 SHIFT RATE CODE           2 PAY GRADE           3 PG SOURCE
   (SELECT FROM LIST           (DISPLAY ONLY)         (DISPLAY ONLY)
    THEN DISPLAY)


   _____          _____      _____


 4 SHIFT DIFFERENTIAL CODE      SHIFT PAY BASIS       AMOUNT    PERCENT
   (2-N-R)                      (1-A-C)               (7-N-C)   (6-N-C)
                                (P/F-R)


   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____

   _____    _____    _____   _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY CYCLE MASTER WORKSHEET - CYCLE DEFINITION SCREEN

Entity:_____

1 PAY CYCLE
  (2-AN-R)

2 DESCRIPTION
  (25-AN-R)

3 STATUS
  (Display Only)

  _____   _____   _____

4 FREQUENCY
  (1-N-R)

5 PP IN YEAR
  (Display
  Only)

6 WEEKS IN PP
  (2-N-R)

7 HRS IN PP
  (6-N-R)

8 HRS IN DAY
  (5-N-R)

  _____   _____   _____   _____   _____

9 OVERTIME METHOD
  (W/P-A-R)

10 CHECK CODE
   (2-N-R)

11 CHK AUDIT LIMIT AMT
   (8-N-O)

  _____   _____   _____

12 CONF PAYROLL
   (1-N-R)

13 PRINT RATES
   (1-A-R)

14 CHK HISTRY RETENTION
   (3-N-R)

  _____   _____   _____

15 WEEKS WORKED
   (A/D/F/H/T-A-R)

16 HOURS FACTOR
   (6-N-C)

17 DOLLARS FACTOR
   (6-N-C)

  _____   _____   _____

18 INTERFACE IND
   (T/D/B/N-A-O)

19 ALLOW CYC TYPES
   (7-A-C)

  _____   _____

20 DEFAULT STARPAY/STARDED UPLOAD PATH
   (SPECIAL FORMAT-R)

21 AUTO-GEN IND
   (Y/N-A-R)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

```
22 AUTO-GEN HOURS       23 AUTO-GEN POSITIONS      24 AUTO-GEN PAY TYPE
   (P/S-A-C)               (A/P-A-C)                  (3-AN-C)


   _____          _____      _____


25 AUTO-GEN HOLIDAY PAY TYPE
   (3-AN-C)


   _____
```

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

PAY CYCLE MASTER WORKSHEET - CALENDAR DEFINITON SCREEN

```
PAY CYCLE CODE: _____
```

```
1 CALENDAR      2 PAY CYCLE
  YEAR                            The system will generate remaining Pay
  (2-N-R)                         Period definitions after the first
                                  period is entered.



  _____    _____
```

```
3 PAY      PAY PERIOD    G/L      GL FISCAL ENDING DATE    PAY PERIOD
  PERIOD   END DATE      PD                                DAYS
  (2-N-R)  (6-N-R)       (2-N-O)                           (2-N-R)

_____   _____  _____   _____   _____
```

```
PAY PERIOD      GL PERIOD    GL CASH ENDING DATE   QUARTER
CHECK DATE
(6-N-R)

_____   _____   _____   _____
```

```
REMITTANCE
MSG CODE


_____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY CYCLE MASTER WORKSHEET - ACCRUAL DEFINITION

1 PAY CYCLE
  (Display Only)

  _____

2 PAY PERIOD   PP ENDING DATE   BEN IND   LABOR IND
  (Display Only)   (Display Only)   (1-A-R)   (1-A-R)

  _____   _____   _____   _____

  ACCRUAL DAYS   ACCRUAL PCT   LBR YEAR
  (2-N-C)   (Display Only)   (4-N-C)

  _____   _____   _____

  GL PD   ACCRUAL FISCAL ENDING DATE
  (2-N-R)   (6-N-R)

  _____   _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY TYPE MASTER WORKSHEET - CALCULATION METHOD SCREEN

Entity:_____

1 PAY TYPE CODE   2 DESCRIPTION
  (3-AN)   (25-AN-R)

  _____   _____

3 EARNINGS CODE   4 INC IN GROSS
  (4-AN-R)   (1-A-R)

  _____   _____

5 CALCULATION   6 METHOD   7 STATUS   8 CALCULATION
  METHOD CODE   DESCRIPTION   (DISPLAY)   FORMULA
  (2-N-R)   (DISPLAY)   (DISPLAY)

  _____   _____   _____   _____

9 HOURS - P   10 AMOUNT   11 PERCENT
  (6-N-C)   (6-N-C)   (6-N-C)

  _____   _____   _____

12 OT FACTOR   13 TCE TYPE
   (5-N-C)   (H/D/F/U-A-R)

  _____   _____

14 SHIFT ELIG IND   15 % IND   16 OTF IND   17 ADD RATE IND
   (Y/N-A-R)   (Y/N-A-C)   (Y/N-A-C)   (Y/N-A-R)

  _____   _____   _____   _____

18 ADDITIVE RATE GROUP CODES
   (2-AN-R) Multiple codes allowed

  _____ _____ _____ _____ _____ _____ _____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY TYPE MASTER WORKSHEET - EDIT SCREEN

PAY TYPE CODE: _____

1 EMPLOYEE
  TYPE
  (A/H/N-A-R)
	2 WORK
	  STATUS
	  (1-A-R)
		3 PAY
		  STATUS
		  (A/E/N-A-R)
			4 HOLIDAY
			  INDICATOR
			  (Y/N-A-R)
				5 AUTO-GEN
				  HOLIDAY IND
				  (Y/N-A-R)

_____	_____	_____	_____	_____

6 HRS INCL
  AVG RATE
  (Y/N/H-A-R)
	7 DLRS INCL
	  AVG RATE
	  (Y/N-A-R)
		8 PRODUCTIVE
		  HOURS
		  (Y/N/H-A-R)
			9 PRODUCTIVE
			  DOLLARS
			  (Y/N/E-A-R)

_____	_____	_____	_____

10 NON-PRODUCTIVE
   HOURS
   (Y/N/H/D-A-R)
	11 NON-PRODUCTIVE
	   DOLLARS
	   (Y/N/E/D-A-R)
		12 OVERTIME
		   HOURS
		   (Y/N-A-R)
			13 OVERTIME
			   DOLLARS
			   (Y/N-A-R)

_____	_____	_____	_____

14 HOURS
   WORKED
   (Y/N/H-A-R)
	15 HOURS INCL
	   LAST INCR
	   (Y/N/H-A-R)
		16 DOLLARS INCL
		   DED
		   (A/E/I/N-A-R)

_____	_____	_____

17 APPLICABLE
   DEDUCTION CODES
   (3-AN-C)
   Multiple code allowed
	18 HRS INCLUDE
	   DEDUCTION
	   H/Y/N-A-R

_____	_____

Date Completed		By		#	of	
Date Revised		By				
Data Entry Date		By				

PAY TYPE MASTER WORKSHEET - REPORT SCREEN

1 PAY TYPE CATEGORY (R/O/N-A-R)	2 HOURLY RATE PRINT (C/N-A-R)	3 CHECK PRINT PRIORITY (2-N-R)	4 HSL CODE (9-N-C)
_____	_____	_____	_____

5 GL POSTING TYPE (A/D-9-N-C)	6 LABOR REPORT INDICATOR (Y/N-A-R)	7 LABOR DISTRIBUTION TYPE (A/D/H-A-C)	8 LABOR HEADING REPORT (2-N-C)
_____	_____	_____	_____

9 SHIFT DIFF CODE (2-N-0)	HSL CODE (2-N-0)	INCLUDE (Y/N-A-R)
_____	_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY TYPE MASTER WORKSHEET - BENEFIT PLAN

```
PAY TYPE CODE: _____
```

```
1 BENEFIT            WORKED         AWARDED HRS      TAKEN/BUY BACK
  PLAN               HRS APPL       APPLICABLE       INDICATOR
  (3-AN-R)           (Y/N-A-R)      (H/N/Y-A-R)      (B/C/N/T/U-A-R)


  _____          _____     _____      _____


  _____          _____     _____      _____


  _____          _____     _____      _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

PAY TYPE MASTER WORKSHEET - PENSION PLAN

```
1 PENSION              PAY TYPE              PAY TYPE
  PLAN                 HRS APPL              DLRS APPL
  (2-AN-R)             (N/Y/H-A-R)           (N/Y/E-A-R)


  _____   _____        _____


  _____   _____        _____


  _____   _____        _____




  GROSS UP DLRS
  (1-A-R)


  _____


  _____


  _____
```

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

POSITION CONTROL MASTER WORKSHEET

Entity:_____

FISCAL YEAR (4-N-R)	1 GENERAL LEDGER DEPARTMENT (10-N-R)	2 JOB CLASS CODE (4-AN-R)	3 POSITION NUMBER (3-N-R)
_____	_____	_____	_____

4 DIVISION CODE (2-AN-O)	5 FACILITY CODE (2-AN-O)	6 STATUS (Display Code)	7 POSITION TYPE CODE (2-AN-O)	8 PAY CYCLE (2-AN-R)
_____	_____	_____	_____	_____

9 PAY GRADE (Display Only)	10 EFFECTIVE DATE/ FROM (8-N-R)	11 EFFECTIVE DATE/ TO (8-N-O)	12 VACANT DATE (Display Only)	13 LAST SHIFT RATE CODE (4-AN-O)
_____	_____	_____	_____	_____

14 WORKERS COMP RISK CODE (6-AN-O)	15 EDIT BY (Display Only)	16 EDIT DATE (Display Only)
_____	_____	_____

17 OVERSTAFFING INDICATOR (Y/N-A-R)	18 FY (Display Only)	19 FTE'S BUDGETED (7-N-O)	20 FTE'S ASSIGN. (Display)	21 RATE BUDGETED (8-N-O)
_____	_____	_____	_____	_____

22 HOURS BUDGET PP (7-N-O)	23 HRS. ASSIGNED-PP (7-N-O)	24 DLRS BUDGET PP (7-N-O)	25 HRS BUDGET -ANNUAL (9-N-O)
_____	_____	_____	_____

26 HRS. ASSIGNED -ANNUAL (9-N-O)	27 DLRS BUDGET -ANNUAL (11-N-O)
_____	_____

Date Completed		By		#		of	
Date Revised		By					
Data Entry Date		By					

WAGE AND SALARY MATRIX MASTER WORKSHEET

Entity:_____

1 PAY
  GRADE   2 DESCRIPTION
  (3-AN)   (25-AN-R)

_____   _____

3 Edit By   4 Edit Date
  (Display Only)   (Display Only)
  _____   _____

5 RANGE MIN/HR   6 RANGE MAX RATE/HR   7 STATUS
  (8-N-R)   (8-N-R)   (Display Only)

  _____   _____   _____

8 PAY STEP   MINIMUM   MAXIMUM
  CODE   RATE/HR   RATE/HR
  (3-AN-R)   (8-N-R)   (8-N-R)

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Payroll/Human Resources Worksheets Volume* of the *STAR Financials General Accounting Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

_____

_____

_____

_____

_____

Other Comments:

_____

_____

_____

Thanks for your help in improving the documentation.

Your Name and Position _____

Hospital/Organization
Name _____

Telephone Number _____

May we contact you?   Yes or No (circle one)

Fold here

- -

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| Place  |
| Stamp  |
| Here   |
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