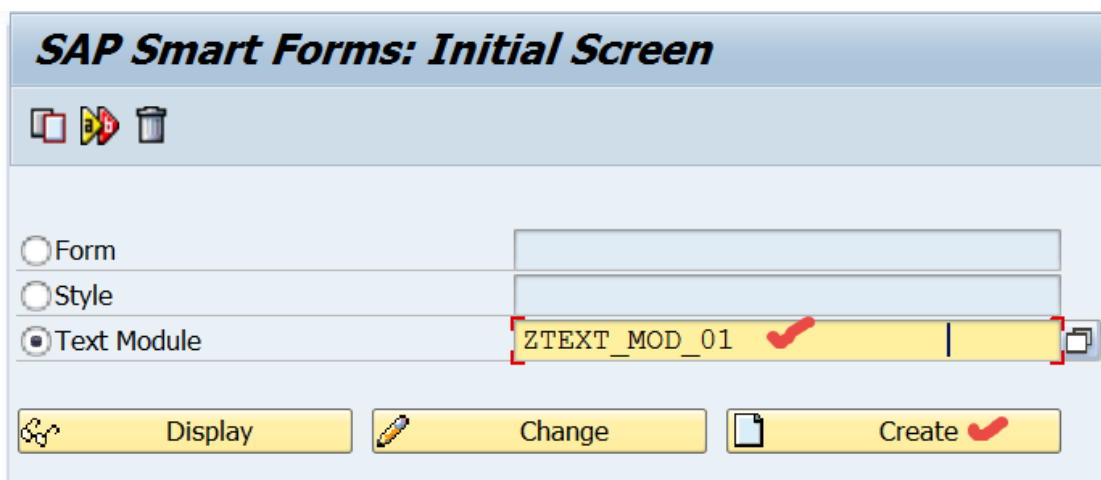
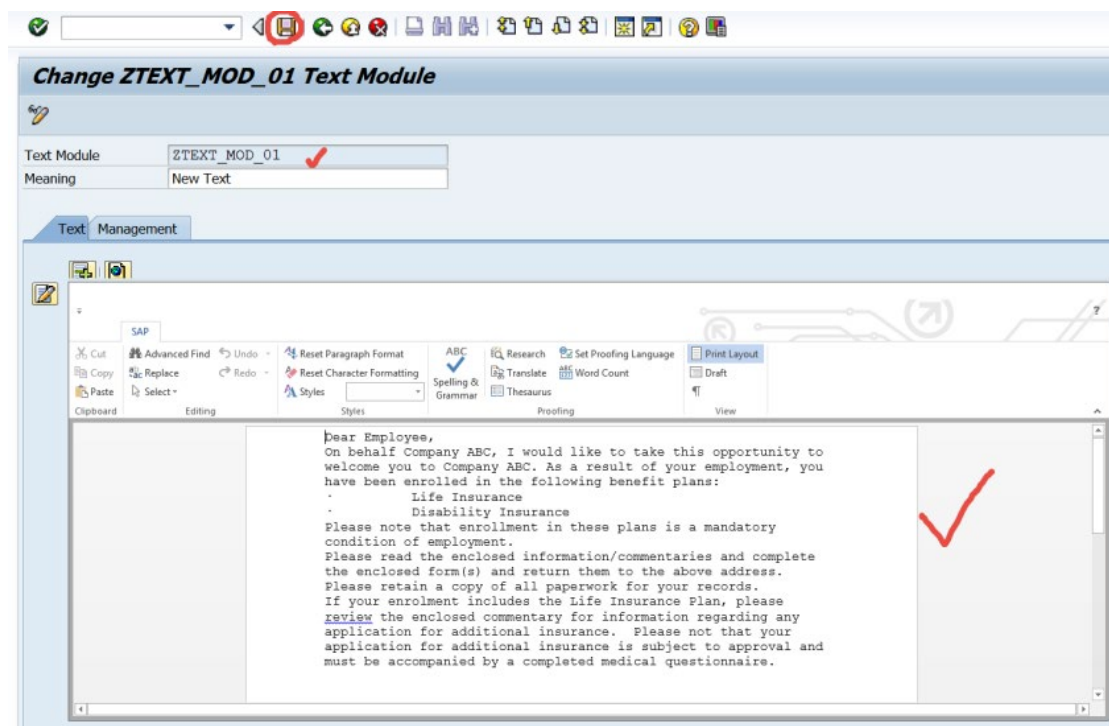




Select the Text Module radio button and provide a text module name and click on Create button.




Provide the text and save it. Now creation of text module is done.





Go to Tx- SFP . Select Interface and provide a name and click on Create button.





### Form Builder: Entry Point



☐ Form


☒ Interface 

ZTEST\_INTF\_04 

 Display  Change  Create 


Don't do any thing here. Activate the interface and go back.

### Form Builder: Change Interface ZTEST\_INTF\_04



Interface: ZTEST\_INTF\_04 Active

Properties Interface





- ZTEST\_INTF\_04
  - Form Interface
    - Import
    - Export
    - Exceptions
  - Global Definitions
    - Global Data
    - Types
    - Field Symbols

Parameter Name	Type assignment	Type Name
/1BCDWB/DOCPARAMS	TYPE	SFPDOCPARAMS


Select the Form , provide a name & select Create button.





### Form Builder: Entry Point



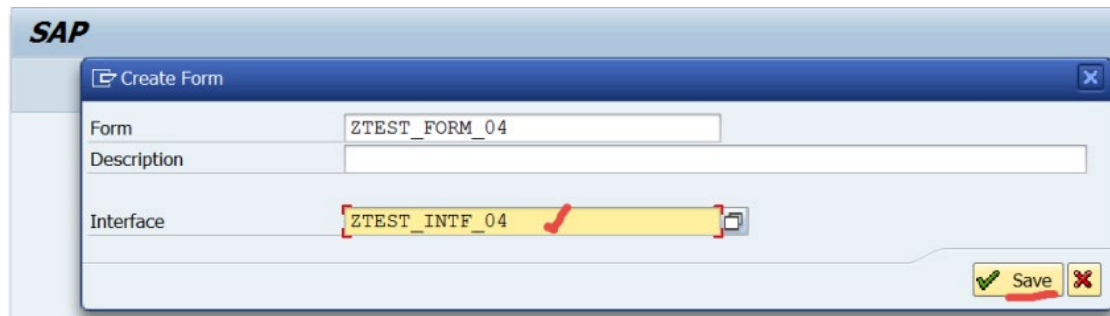
 ☒ Form

☐ Interface

ZTEST\_FORM\_04 

 Display  Change  Create 

Assign the interface and Save.



**SAP**

**Create Form**

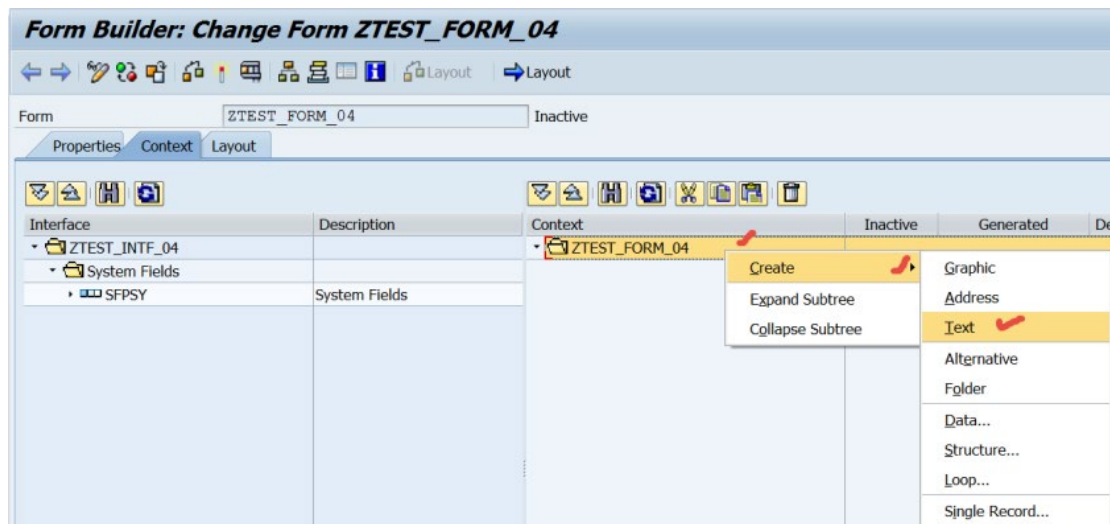
Form: ZTEST\_FORM\_04

Description:

Interface: ZTEST\_INTF\_04

Save

On the Context node, right click and navigate to create a text.



**Form Builder: Change Form ZTEST\_FORM\_04**

Form: ZTEST\_FORM\_04 Inactive

Properties Context Layout

Interface: ZTEST\_INTF\_04

System Fields: SFPSY

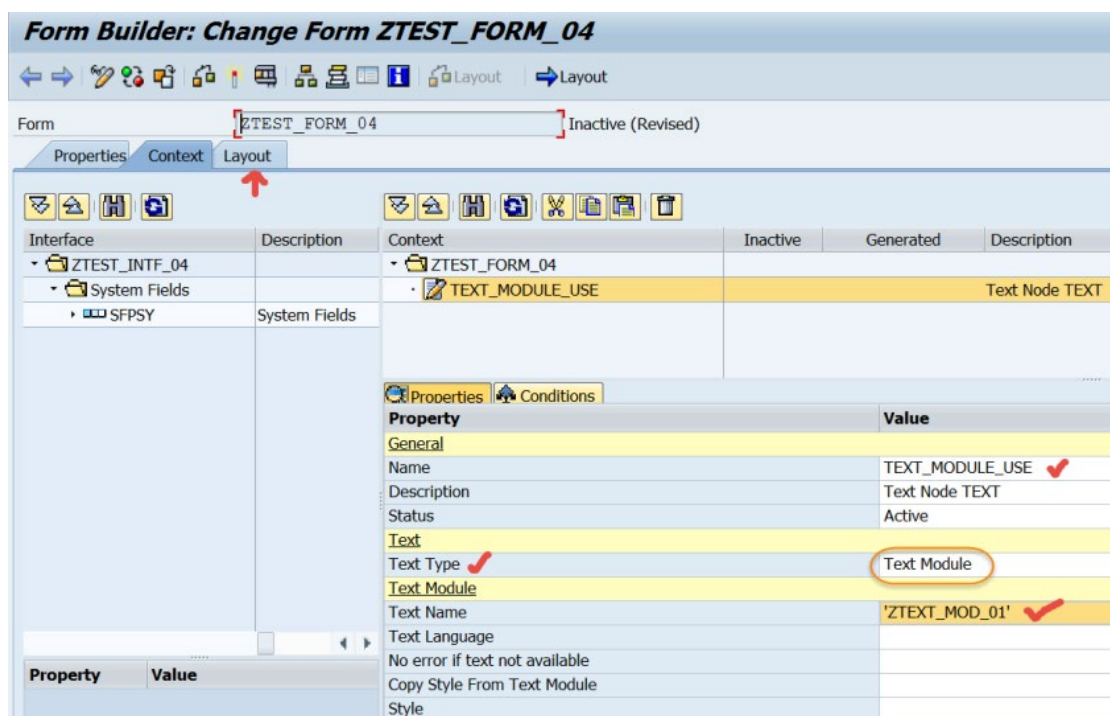
Context: ZTEST\_FORM\_04

Right-click context menu:

- Create
- Expand Subtree
- Collapse Subtree
- Graphic
- Address
- Text
- Alternative
- Folder
- Data...
- Structure...
- Loop...
- Single Record...

Provide a name, text type should be – Text module, assign the text module name ( get the text module name form the F4 help ). Go to layout tab.

Advertisement



**Form Builder: Change Form ZTEST\_FORM\_04**

Form: ZTEST\_FORM\_04 Inactive (Revised)

Properties Context Layout

Interface: ZTEST\_INTF\_04

System Fields: SFPSY

Context: ZTEST\_FORM\_04

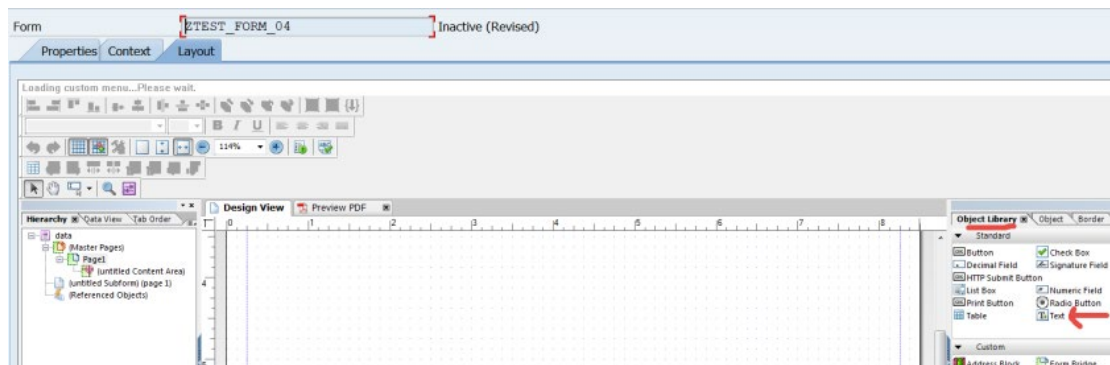
TEXT\_MODULE\_USE

Text Node TEXT

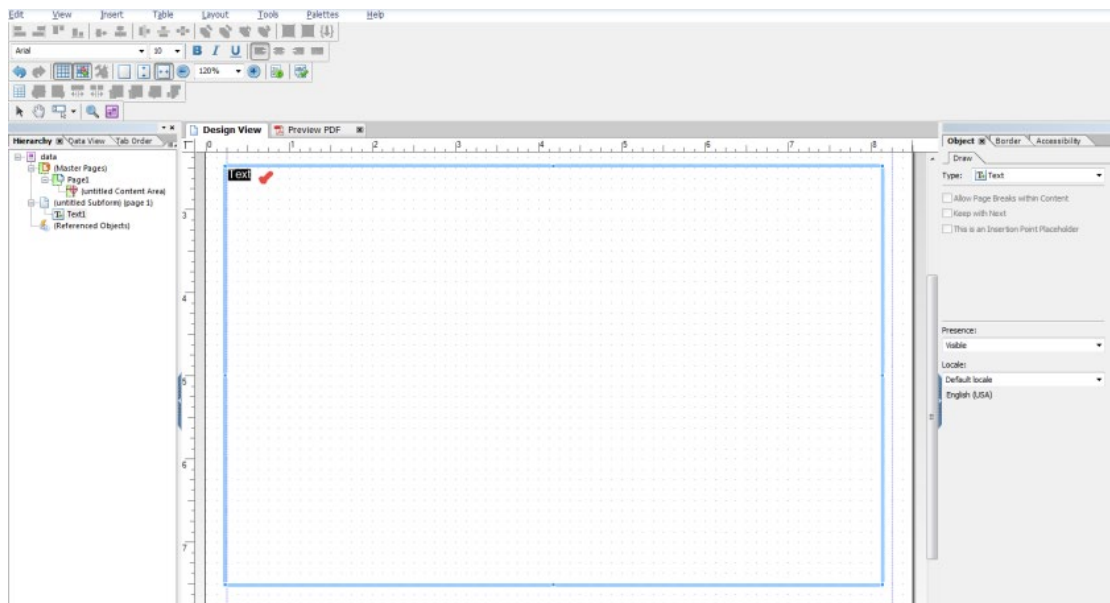
Properties Conditions

Property	Value
<b>General</b>	
Name	TEXT_MODULE_USE
Description	Text Node TEXT
Status	Active
<b>Text</b>	
Text Type	Text Module
<b>Text Module</b>	
Text Name	'ZTEXT_MOD_01'
Text Language	
No error if text not available	
Copy Style From Text Module	
Style	

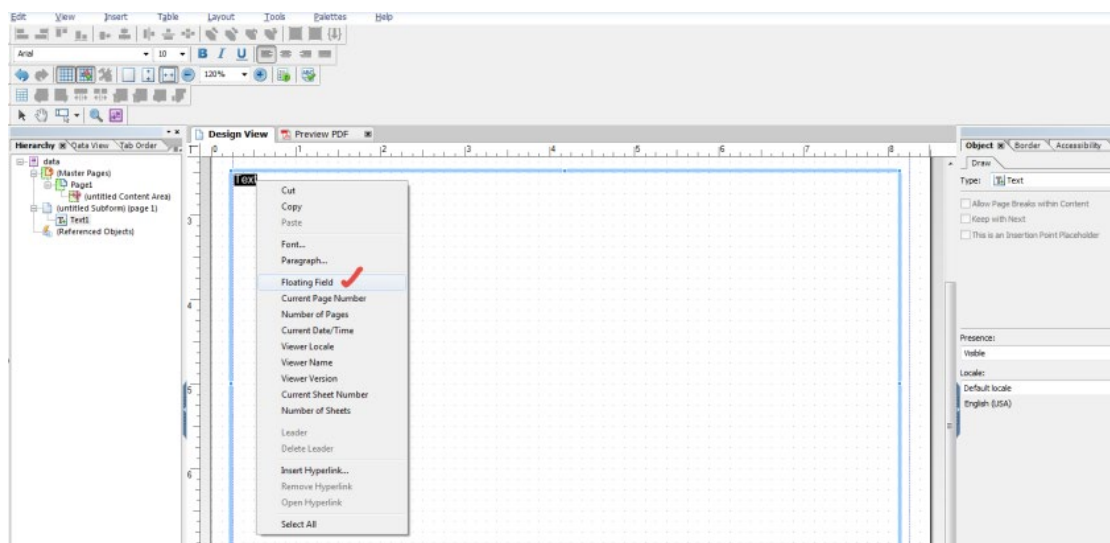
Create a text box , drag & drop on the design view.



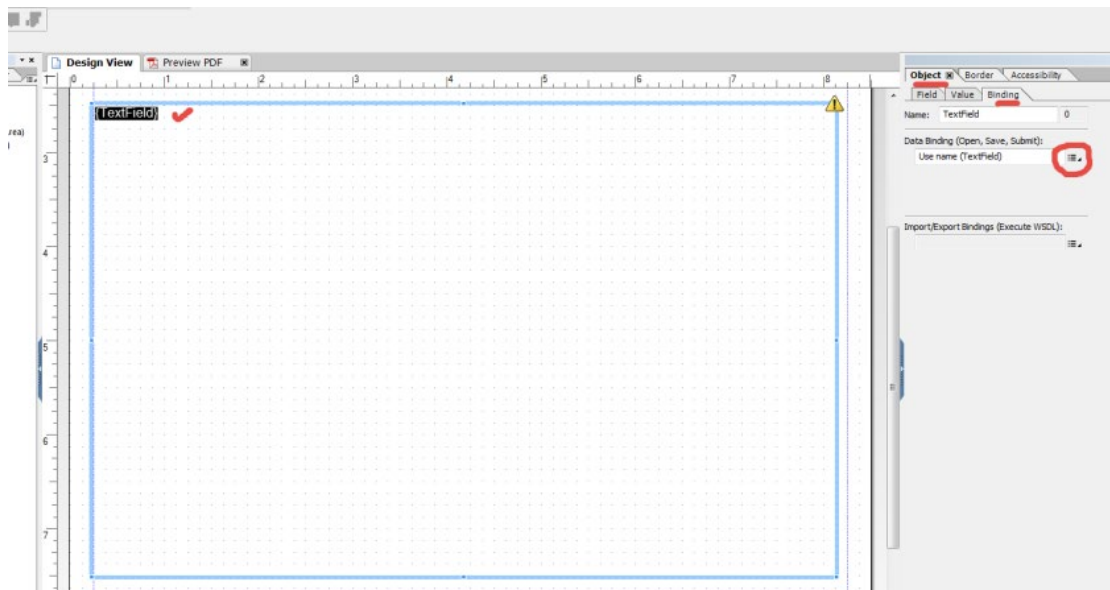
Extend [ height and width] the text box as per needed. Select the text and right click.



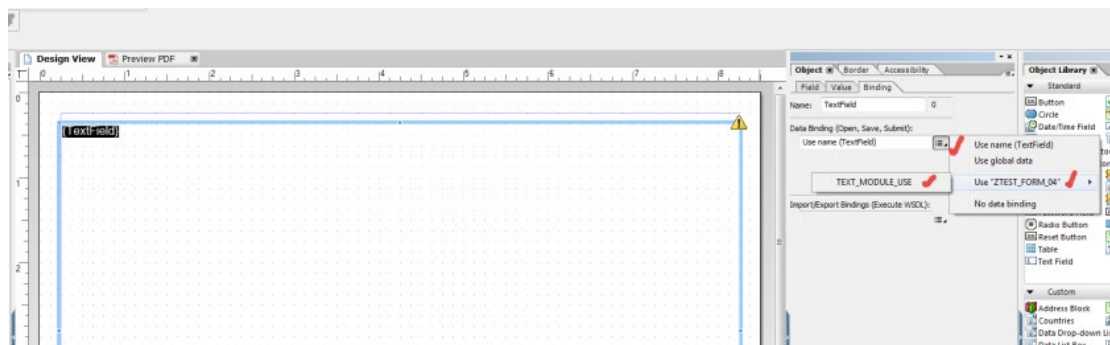
Select the floating field option.



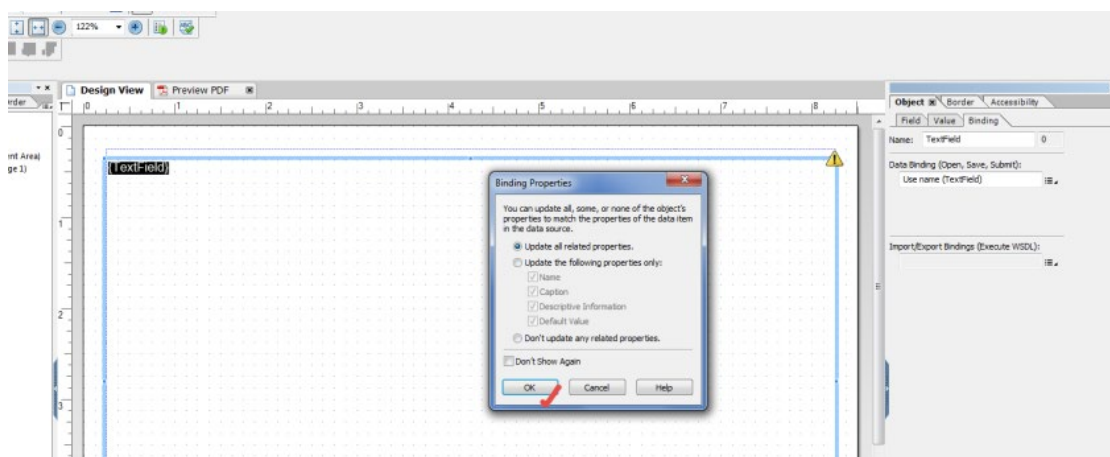
Now we have to bind the text field to the created text module field. So from data binding option, choose below name.



Select the name.

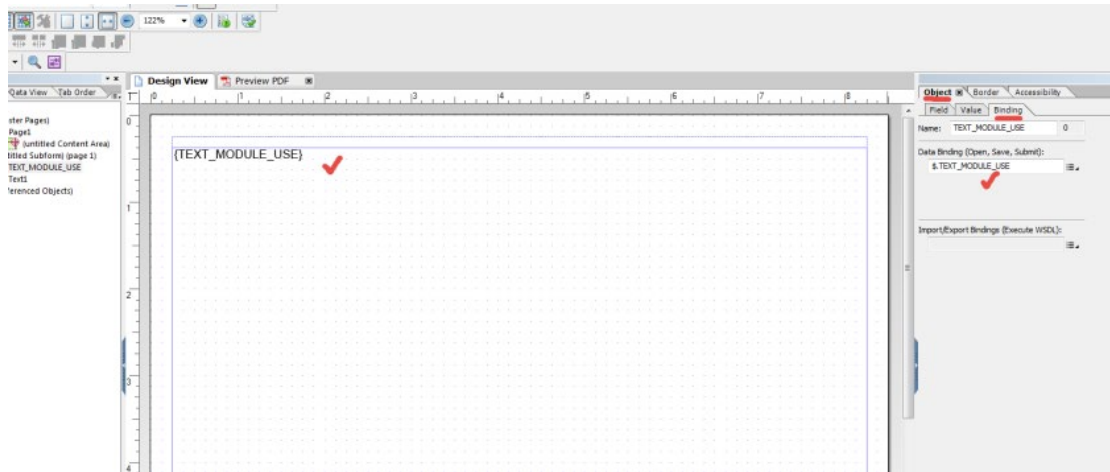


Select ok.

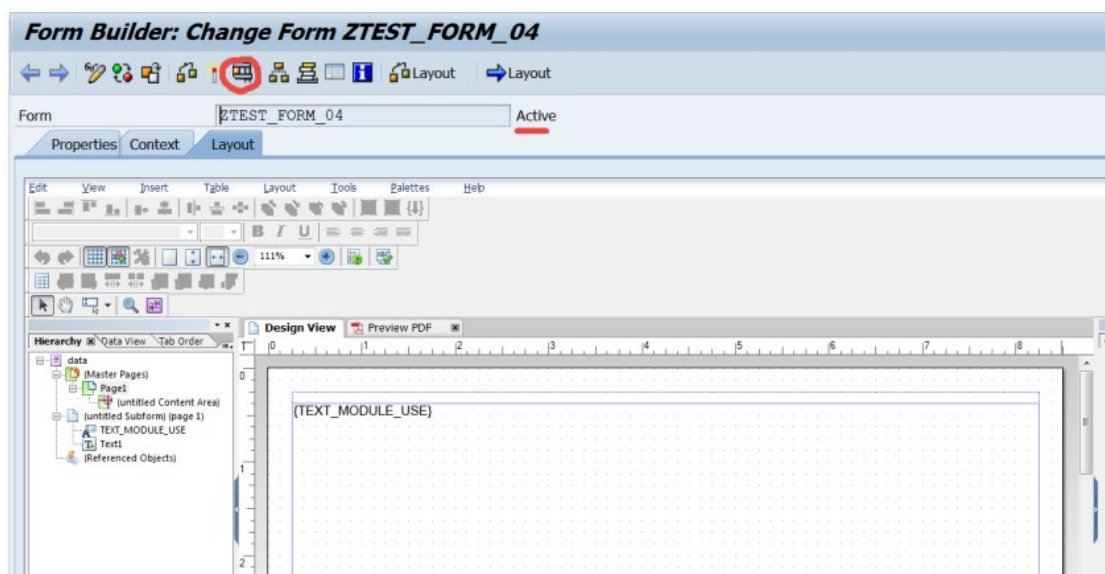


Mapping done.





Activate the form and Test.



Execute it.

### Test Function Module: Initial Screen

Debugging
 Test data directory

Test for function group /1BCDWB/SM00000055  
 Function module /1BCDWB/SM00000055  
 Uppercase/Lowercase ☐

Import parameters	Value
/1BCDWB/DOCPARAMS	<Initial>

Select print preview.

**SAP**

Print:

Output Device: LP01

Spool Request

Name: PBF000 LP01

Cover Page Text:

Authorization:

Spool Control

☐ Print Immediately

☐ Delete After Output

☐ New Spool Request

☐ Close Spool Request

Spool Retention: 8 Day(s)

Storage Mode: 1 Print only

Number of Copies

Number of Copies: 1

Cover Page Settings

SAP Cover Page: Do Not Print

Recipient(s):

Department:

Print Print Preview

So here we have the form.

**Print Preview**

Dear Employee,

On behalf Company ABC, I would like to take this opportunity to welcome you to Company ABC. As a result of your employment, you have been enrolled in the following benefit plans:

- Life Insurance
- Disability Insurance

Please note that enrollment in these plans is a mandatory condition of employment.

Please read the enclosed information/commentaries and complete the enclosed form(s) and return them to the above address.

Please retain a copy of all paperwork for your records.

If your enrolment includes the Life Insurance Plan, please review the enclosed commentary for information regarding any application for additional insurance. Please note that your application for additional insurance is subject to approval and must be accompanied by a completed medical questionnaire.