



Is client being billed for changes?  Yes  No If yes, amount per pay period \$\_\_\_\_\_ Flat amount \$\_\_\_\_\_

**Setup New Earning/Deduction Code**

Indicate Type of Change (New / Change):

Code: \_\_\_\_\_ Code Type: \_\_\_\_\_ Description: \_\_\_\_\_

Special Taxation (Federal, State or Local): \_\_\_\_\_

Override W2 Box: \_\_\_\_\_ Override Rate/Calculation: \_\_\_\_\_ Annual Limit: \_\_\_\_\_

Add to ED Group: \_\_\_\_\_

General Ledger Number: \_\_\_\_\_ Add to Input Worksheet or E-Sheet:  Yes  No

Agency check:  Yes  No Payable to: \_\_\_\_\_

Add to Time clock and import function:  Yes  No

Add to Custom or Report Writer Report:  Yes  No Please specify all custom reports to be reviewed. \_\_\_\_\_

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Special Taxation (Federal, State or Local): \_\_\_\_\_

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General Ledger Number: \_\_\_\_\_ Add to Input Worksheet or E-Sheet:  Yes  No

Agency check  Yes  No Payable to: \_\_\_\_\_

Add to Time clock and import function  Yes  No

Add to Custom or Report Writer Report  Yes  No Please specify all custom reports to be reviewed. \_\_\_\_\_

<i>For PayData use only:</i>	Requestor: _____	CSR Rep: _____	Date Requested: _____
Route form to all Departments for Review		Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
1 -CUST SVC: _____		Date Completed: _____	
2 -CSR MGR: _____		Date Completed: _____	
3 -CONVERSION: _____		Date Completed: _____	
4 -FINANCE: _____		Date Completed: _____	