

# 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"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Vacation	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Sick	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Pers Hol	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): FMLA	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Sick Pool	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Parental Lv	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> <b>Leave Plan Type</b> (Leave Plan Accruals): Injured Svc Mem	<input style="width: 100%; height: 20px;" type="text"/>

# EARNINGS CODE REQUEST FORM

## Special Accumulator(s):

<input type="checkbox"/> 401	<input type="text"/>	<input type="checkbox"/> FML	<input type="text"/>	<input type="checkbox"/> GAU	<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: \_\_\_\_\_