THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

1 of 8

DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Luthchmedial	Carlstein	

ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD	09	27	01	1405	04	00			+			
NEW	09	27	01	1230	04	00			+			
OLD	09	28	01	1405	02	00			+			
NEW	09	28	01	1230	02	00			+			
OLD	09	29	01	1405	11	00			+			
NEW	09	29	01	1230	11	00			+			
OLD	10	07	01	1405	06	00			+			
NEW	10	07	01	1230	06	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: Trina Jones	SIGNATURE: Betty Smith	SIGNATURE:
DATE: 10/30/01	DATE:	DATE:

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Lutchmedial	Carstein	

	ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
	OLD	09	23	01	1405	06	00			+			
	NEW	09	23	01	1230	06	00			+			
	OLD	09	24	01	1405	03	00			+			
	NEW	09	24	01	1230	03	00			+			
	OLD	09	25	01	1405	02	00			+			
	NEW	09	25	01	1230	02	00			+			
	OLD	09	26	01	1405	05	00			+			
	NEW	09	26	01	1230	05	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE	SIGNATURE	SIGNATURE
DATE 10/30/01	DATE	DATE

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Luthchmedial	Carstein	

ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD	09	19	01	1405	06	00			+			
NEW	09	19	01	1230	06	00			+			
OLD	09	20	01	1405	02	00			+			
NEW	09	20	01	1230	02	00			+			
OLD	09	21	01	1405	02	00			+			
NEW	09	21	01	1230	02	00			+			
OLD	09	22	01	1405	05	00			+			
NEW	09	22	01	1230	05	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: Irina Jones	SIGNATURE: Betty Smith	SIGNATURE
DATE: 10/30/01	DATE	DATE

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	S000

LAST NAME	FIRST	MI
Lutchmedial	Carlstein	

ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD	09	30	01	1400	05	00			+			
NEW	09	30	01	1229	05	00			+			
OLD	09	15	01	1405	06	00			+			
NEW	09	15	01	1230	06	00			+			
OLD	09	16	01	1405	06	00			+			
NEW	09	16	01	1230	06	00			+			
OLD	09	17	01	1H05	03	00			+			
NEW	09	17	01	1230	03	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: Trina Jones	SIGNATURE: Betty Arnott	SIGNATURE
DATE: 10/30/01	DATE	DATE

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	Z	1	5000

LAST NAME	FIRST	MI
Lutchmedial	Carstadim	

	ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
	OLD	09	15	01	1400	05	00			+			
	NEW	09	15	01	1229	05	00			+			
	OLD	09	16	01	1400	05	00			+			
	NEW	09	16	01	1229	05	00			+			
	OLD	09	23	01	1400	05	00			+			
	NEW	09	23	01	1229	05	00			+			
	OLD	10	07	01	1400	05	00			+			
	NEW	10	07	01	1229	05	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: Trina Jones	SIGNATURE: Kelly Smith	SIGNATURE
DATE: 10/30/01	DATE	DATE

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Luthchmedia	Carlsten	

ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD	09	30	01	1405	02	00			+			
NEW	09	30	01	1230	02	00			+			
OLD	10	01	01	1405	05	00			+			
NEW	10	01	01	1230	05	00			+			
OLD	10	02	01	1405	02	00			+			
NEW	10	02	01	1230	02	00			+			
OLD	10	03	01	1405	09	00			+			
NEW	10	03	01	1230	09	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE [signature]	SIGNATURE [signature]	SIGNATURE
DATE 10/30/01	DATE	DATE

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PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

1 of 8

DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Lutchmedial	Carlstein	

ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD	10	08	01	1405	04	00			+			
NEW	10	08	01	1230	04	00			+			
OLD	10	10	01	1405	07	00			+			
NEW	10	10	01	1230	07	00			+			
OLD	10	13	01	1405	05	00			+			
NEW	10	13	01	1230	05	00			+			
OLD	10	04	01	1405	02	00			+			
NEW	10	04	01	1230	02	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: Trina Jones	SIGNATURE: Becky Smith	SIGNATURE:
DATE: 10/30/01	DATE:	DATE:

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

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DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	PII	2	1	5000

LAST NAME	FIRST	MI
Lutchmedial	Carlstein	

	ENTRY TYPE	EVENT DATE MONTH	DAY	YEAR	ENTRY TYPE	EVENT TIME HOURS	MIN	AGENCY DATA	REPORTING CATEGORY	SALARY DIFF. +	DOLLARS	CENTS	SUPPL PAY IND
OLD		10	05	01	1405	02	00			+			
NEW		10	05	01	1230	02	00			+			
OLD		10	06	01	1405	11	00			+			
NEW		10	06	01	1230	11	00			+			
OLD							:			+			
NEW							:			+			
OLD							:			+			
NEW							:			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS
SIGNATURE: [signature]	SIGNATURE: [signature]	SIGNATURE
DATE: 10/30/01	DATE	DATE