

# THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

## EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO.

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SOCIAL SECURITY NO.

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| ENTRY<br>TYPE | EVENT DATE |     |      | ENTRY<br>TYPE | EVENT TIME |     | AGENCY<br>DATA | REPORTING<br>CATEGORY | SALARY DIFF. |       | SUPPL<br>PAY IND |  |
|---------------|------------|-----|------|---------------|------------|-----|----------------|-----------------------|--------------|-------|------------------|--|
|               | MONTH      | DAY | YEAR |               | HOURS      | MIN |                |                       | DOLLARS      | CENTS |                  |  |
| 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         | 15  | 01   | 1405          | 05         | 00  |                |                       | +            |       |                  |  |
| NEW           | 09         | 15  | 01   | 1230          | 05         | 00  |                |                       | +            |       |                  |  |
| OLD           | 09         | 16  | 01   | 1405          | 04         | 00  |                |                       | +            |       |                  |  |
| NEW           | 09         | 16  | 01   | 1230          | 04         | 00  |                |                       | +            |       |                  |  |

## PREPARER

I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE  
SUPPORTED BY DOCUMENTATION ON FILE

SIGNATURE

DATE

*Preparation*  
10/30/01

## MANAGER/SUPERVISOR

I CERTIFY THAT I HAVE REVIEWED THE ABOVE  
ADJUSTMENT TRANSACTION

SIGNATURE

DATE

*[Signature]*

## KEY ENTRY OPERATOR

I CERTIFY THAT THE ABOVE DATE WAS ENTERED  
INTO PMS

SIGNATURE

DATE

# THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

## EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO.

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SOCIAL SECURITY NO.

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| ENTRY<br>TYPE | EVENT DATE |     |      | ENTRY<br>TYPE | EVENT TIME |     | AGENCY<br>DATA | REPORTING<br>CATEGORY | SALARY DIFF. |         |       | SUPPL.<br>PAY IND. |
|---------------|------------|-----|------|---------------|------------|-----|----------------|-----------------------|--------------|---------|-------|--------------------|
|               | MONTH      | DAY | YEAR |               | HOURS      | MIN |                |                       | +            | DOLLARS | CENTS |                    |
| OLD           | 09         | 22  | 01   | 1405          | 10         | 00  |                |                       | +            |         |       |                    |
| NEW           | 09         | 22  | 01   | 1230          | 10         | 00  |                |                       | +            |         |       |                    |
| OLD           |            |     |      |               |            |     |                |                       | +            |         |       |                    |
| NEW           |            |     |      |               |            |     |                |                       | +            |         |       |                    |
| 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<br><i>[Signature]</i>                                             | SIGNATURE<br><i>[Signature]</i>                                 | SIGNATURE                                          |
| DATE<br>10/30/01                                                            | DATE                                                            | DATE                                               |