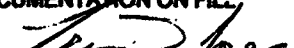
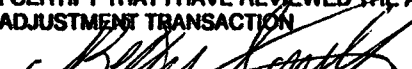


PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE  SIGNATURE 10/30/01 DATE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION  SIGNATURE DATE	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS SIGNATURE DATE

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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WORK UNIT

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2 of 5

LAST NAME

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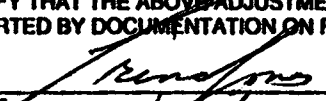
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ENTRY TYPE	EVENT DATE			ENTRY TYPE	EVENT TIME		AGENCY DATA	REPORTING CATEGORY	SALARY DIFF.		SUPPL PAY INQ	
	MONTH	DAY	YEAR		HOURS	MIN			DOLLARS	CENTS		
OLD	09	30	01	1400	05	00			+			
NEW	09	30	01	1229	05	00			+			
OLD	10	08	01	1400	03	00			+			
NEW	10	08	01	1229	03	00			+			
OLD	10	12	01	1400	02	00			+			
NEW	10	12	01	1229	02	00			+			
OLD	09	15	01	1405	09	00			+			
NEW	09	15	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 _____
DATE 10/30/01	DATE _____	DATE _____

FISA FORM PMSF 13(12/24)

3 of 5

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE SIGNATURE <u><i>Tina Jones</i></u> DATE <u>10/30/01</u>	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION SIGNATURE <u><i>Betty Smith</i></u> DATE _____	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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WORK UNIT

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4 of 5

LAST NAME

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FIRST

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ENTRY TYPE	EVENT DATE			ENTRY TYPE	EVENT TIME		AGENCY DATA	REPORTING CATEGORY	SALARY DIFF.		SUPPL PAY IND	
	MONTH	DAY	YEAR		HOURS	MIN			DOLLARS	CENTS		
OLD	09	20	01	1405	03	00			+			
NEW	09	20	01	1230	03	00			+			
OLD	09	21	01	1405	11	00			+			
NEW	09	21	01	1230	11	00			+			
OLD	09	22	01	1405	11	00			+			
NEW	09	22	01	1230	11	00			+			
OLD	09	28	01	1405	07	00			+			
NEW	09	28	01	1230	07	00			+			

PREPARER

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

SIGNATURE

DATE

MANAGER/SUPERVISOR

I CERTIFY THAT I HAVE REVIEWED THE ABOVE
ADJUSTMENT TRANSACTION

SIGNATURE

DATE

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(12/99)

EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO.

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SOCIAL SECURITY NO.

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JSN

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WORK UNIT

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LAST NAME

Plumptre

FIRST

Alphonso

MI

5 of 5

ENTRY TYPE	EVENT DATE			ENTRY TYPE	EVENT TIME		AGENCY DATA	REPORTING CATEGORY	SALARY DIFF.			SUPPL PAY DR
	MONTH	DAY	YEAR		HOURS	MIN			+	DOLLARS	CENTS	
OLD	09	30	01	1405	02	00			+			
NEW	09	30	01	1230	02	00			+			
OLD	10	05	01	1405	09	30			+			
NEW	10	05	01	1230	09	30			+			
OLD	10	06	01	1405	11	00			+			
NEW	10	06	01	1230	11	00			+			
OLD	10	12	01	1405	06	00			+			
NEW	10	12	01	1230	06	00			+			

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