

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.

P	I	I
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CD

1

JSN

1

WORK UNIT

S	0	0	0
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LAST NAME

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FIRST

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MI

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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	22	01	3032	09	00			+			
NEW	09	22	01	3717	09	00			+			
OLD	09	24	01	3031	01	30			+			
NEW	09	24	01	3716	01	30			+			
OLD	09	28	01	3031	03	00			+			
NEW	09	28	01	3716	03	00			+			
OLD	09	29	01	3031	05	30			+			
NEW	09	29	01	3716	05	30			+			

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

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	P II	I	I	S O O O
LAST NAME	FIRST	MI		
A b A n o b i	N g o z i			

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	29	01	3032	03	30			+			
NEW	09	29	01	3717	03	30			+			
OLD	09	30	01	1405	09	00			+			
NEW	09	30	01	1230	09	00			+			
OLD									+			
NEW									+			
OLD									+			
NEW									+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE  SIGNATURE	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION  SIGNATURE	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS SIGNATURE
11/29/01 DATE	DATE	DATE