

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								
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CD

7

JSN

1

WORK UNIT

5	0	0	0
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LAST NAME

B	r	u	n															
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FIRST

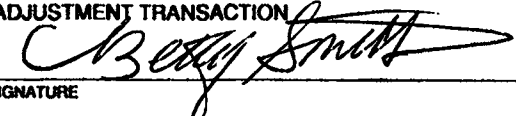
K	a	r	e	n														
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MI

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10/3

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	15	01	1400	10	00			+			
NEW	09	15	01	1229	10	00			+			
OLD	09	15	01	1405	01	00			+			
NEW	09	15	01	1230	01	00			+			
OLD	09	16	01	1405	10	00			+			
NEW	09	16	01	1230	10	00			+			
OLD	09	18	01	1405	03	00			+			
NEW	09	18	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 	SIGNATURE 	SIGNATURE
DATE 11/20/01	DATE	DATE

THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13/12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO. SOCIAL SECURITY NO. CD JSN WORK UNIT

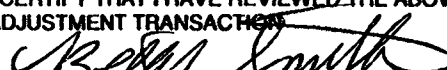
P II 7 1 S O C C

LAST NAME FIRST

B r u n K a r e n

2/3

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	19	01	1405	03	00			+			
NEW	09	19	01	1230	03	00			+			
OLD	09	26	01	1400	03	30			+			
NEW	09	26	01	1229	03	30			+			
OLD	09	27	01	1400	03	30			+			
NEW	09	27	01	1229	03	30			+			
OLD	09	29	01	1400	03	00			+			
NEW	09	29	01	1229	03	00			+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE  SIGNATURE 11/20/01 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.	SOCIAL SECURITY NO.	CD	JSN	WORK UNIT
	Pill	7	1	5000

LAST NAME										FIRST									
B	r	u	n							K	a	r	e	n					

3/3

ENTRY TYPE	EVENT DATE			ENTRY TYPE	EVENT TIME		AGENCY DATA	REPORTING CATEGORY	SALARY DIFF.			SUPPL PAY INC.
	MONTH	DAY	YEAR		HOURS	MIN			+	DOLLARS	CENTS	
OLD	09	29	01	1405	05	30			+			
NEW	09	29	01	1230	05	30			+			
OLD									+			
NEW									+			
OLD									+			
NEW									+			
OLD									+			
NEW									+			
OLD									+			
NEW									+			

PREPARER	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE SUPPORTED BY DOCUMENTATION ON FILE SIGNATURE <u>Trina Jones</u> DATE <u>11/20/01</u>	I CERTIFY THAT I HAVE REVIEWED THE ABOVE ADJUSTMENT TRANSACTION SIGNATURE <u>Betty Smith</u> DATE _____	I CERTIFY THAT THE ABOVE DATE WAS ENTERED INTO PMS SIGNATURE _____ DATE _____