THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

1 of 3

DOCUMENT NO. | SOCIAL SECURITY NO. | CD | JSN | WORK UNIT

PII | 7 | 1 | 5000

LAST NAME: Brun | FIRST: Karen | MI:

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	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: Irma Jones	SIGNATURE: Betty Smith	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

2 of 3

DOCUMENT NO.

SOCIAL SECURITY NO. PII

CD: 7

JSN: 1

WORK UNIT: 5000

LAST NAME: Brun

FIRST: Karen

MI:

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	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	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: 11/20/01	DATE	DATE

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

3 of 3

DOCUMENT NO.

SOCIAL SECURITY NO. PII

CD: 7

JSN: 1

WORK UNIT: 5000

LAST NAME: Brun

FIRST: Karen

MI:

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	29	01	1405	05:30			+		
NEW	09	29	01	1230	05:30			+		
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
Trina Jones	Betty Grant	
SIGNATURE	SIGNATURE	SIGNATURE
11/20/01		
DATE	DATE	DATE