THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF 13(12/94)

EMPLOYEE TIME REPORT ADJUSTMENT

DOCUMENT NO.

SOCIAL SECURITY NO. PII

CD 9

JSN 1

WORK UNIT 5000

LAST NAME Richardson

FIRST Norma

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	16	01	3031	05	00			+			
NEW	09	16	01	3716	05	00			+			
OLD	09	16	01	3032	03	30			+			
NEW	09	16	01	3717	03	30			+			
OLD	09	15	01	3031	05	00			+			
NEW	09	15	01	3716	05	00			+			
OLD	09	15	01	3032	02	00			+			
NEW	09	15	01	3717	02	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 10/24/01	DATE	DATE