



UC HR/BENEFITS - INFORMATION SYSTEMS SUPPORT

SR80935

SERVICE REQUEST UIRC 160ISS (R 01/00)

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|-------------------------|----------------|--|
| DATE 07/07/04 | DATE/CYCLE DUE | ESTIMATE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------|----------------|--|

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|---|---|
| PERSON AUTHORIZING REQUEST: Michael O'Neill | SYSTEMS CONTACT: Carrie Gatlin |
| DEPARTMENT: HR/BENEFITS | RECHARGE NO.: NR |
| REQUESTOR: Carrie Gatlin | SYSTEMS/FILES/PROGRAMS: PAYROLL |

RETRIEVAL/SYSTEM MODIFICATION: (Description of Request)
New CPS mapping for Separation Reason Code 'CF'

Program PPP711, which produces the CPS Employee File, includes a process to map Separation Reason Code values (EDB0141) to corresponding CPS values (CPS0152). This program should be modified so that Separation Reason Code value 'CF - Per diem release' maps to CPS value '06 - Release'.

| PRODUCTION RUN | | | |
|----------------|-------------------------------|--|---|
| SYSTEM | EFFECTIVE DATE OF INFORMATION | TYPE OF RUN <input type="checkbox"/> RERUN <input type="checkbox"/> ADD'L | TYPE OF OUTPUT <input type="checkbox"/> REPORT <input type="checkbox"/> EXTRACT FILE <input type="checkbox"/> LABELS |

| RETRIEVAL/PRODUCTION RUN | |
|---|--|
| DISTRIBUTION OF OUTPUT INSTRUCTIONS: (FOR RETRIEVAL REQUESTS, INCLUDE LONG TERM FILE RETENTION INSTRUCTIONS IF APPROPRIATE) | |

| IR&C USE ONLY | | | | | | | |
|----------------------------|-----------------------------|---|--|-----------------------------------|------------------------------|----------------------------------|---|
| <input type="checkbox"/> R | <input type="checkbox"/> NR | <input type="checkbox"/> IM STAFF _____ TO: | <input type="checkbox"/> RET | <input type="checkbox"/> CORP SYS | <input type="checkbox"/> M&O | <input type="checkbox"/> PAYROLL | <input type="checkbox"/> PRODUCTION CONTROL |
| DATE RECEIVED | REVISED DUE DATE | DATE COMPLETED | COMPLETED BY | COMPUTING TIME/CHARGES | STAFF TIME/CHARGES | BILLING NO | JOB NAME |
| COMMENTS: | | | | | | | |
| ESTIMATE INFORMATION | COMPLETION DATE | STAFF HOURS \$ | ESTIMATED COSTS COMPUTING COSTS \$ | ESTIMATED TOTAL COSTS \$ | | | |

| | |
|---------------------|------------------------|
| APPROVAL TO PROCEED | _____ |
| BASED ON ESTIMATE: | |
| (SIGNATURE) | (NAME, TITLE, ADDRESS) |