



SERVICE REQUEST

UIRC 160 (R8/00)

1111 Franklin Street, 7th Floor, Oakland, CA 94607-5200

SR No.: 16968

DATE			DATE CYCLE DUE		
MO	DY	YR	MO	DY	YR
06	15	2005	07	01	2005

PERSON AUTHORIZING REQUEST: Michael O'Neill	PHONE NO.: 7-0905	CONTACT: Abdul Abdurahman	PHONE NO.: 7-0946
DEPARTMENT Payroll Coordination		BILLING NO. or ACCT-FUND-SUB: 0126	REPORT FORMAT ATTACHED <input type="checkbox"/>
ADDRESS 1111 Franklin St., 10th Fl		SYSTEMS / FILES / PROGRAMS PPS	

DESCRIPTION OF REQUEST:

In response to the request by the California Nurses Association, please make changes to their dues/agency fees effective with July 2005 earnings. Please see attached text and sample BRT.

PRODUCTION RUN			
SYSTEM	EFFECTIVE DATE OF INFORMATION MO DY YR	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	STAFF TIME	BILLING NO.	JOB NAME	

COMMENTS

ESTIMATE INFORMATION	COMPLETION DATE	STAFF HOURS	ESTIMATED COSTS COMPUTING COSTS	ESTIMATED TOTAL COSTS
		\$	\$	\$

REQUEST FOR ESTIMATE ONLY →	AUTHORIZED SIGNATURE	NAME, TITLE, ADDRESS	DATE
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APPROVAL TO PROCEED (BASED ON ESTIMATE) →	AUTHORIZED SIGNATURE	NAME, TITLE, ADDRESS	DATE
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Service Request 16968 (final)

California Nurses Association (CNA), Payroll Deduction Rate Change, July 2005

CNA, which is the exclusive representative of employees in the "NX" bargaining unit, has requested that the University implement rate increases involving its payroll dues/agency fee and related deductions, effective July 1, 2005.

As communicated to UCOP Labor, the following is the rate structure CNA expects to be in place following the modification to be made by UC.

Dues:

Monthly > 30% $2.2 * \text{Base Hourly Pay Rate}$ INCREASE the cap from \$80.00 to ***\$84.15***
Monthly 30% or less INCREASE the flat rate from \$40.00 to ***\$42.08***

Biweekly [1] > 30% $1.015 * \text{Base Hourly Pay Rate}$ INCREASE the cap from \$36.92 to ***\$38.84***

Biweekly [2] 30% or less INCREASE the flat rate from \$18.46 to ***\$19.42***

[1] Deducted each pay period

[2] Deducted each pay period

Semi-monthly > 30% $1.1 * \text{Base Hourly Pay Rate}$ INCREASE the cap from \$40.00 to ***\$42.08***

Semi-monthly 30% or less INCREASE the flat rate from \$20.00 to ***\$21.04***

Agency Fee/Charities:

Monthly > 30% INCREASE the calculator from .9386 to ***.939*** * $2.2 * \text{Base Hourly Pay Rate}$ INCREASE the cap from \$75.09 to ***\$79.02***

Monthly 30% or less \$37.54 flat rate INCREASE to ***\$39.51***

Biweekly > 30% $.9386 * 1.015 * \text{Base Hourly Pay Rate}$ \$34.65 INCREASE cap to ***\$36.47***

Biweekly 30% or less \$17.33 flat rate INCREASE to ***\$18.23***

Semi-monthly > 30% $.9386 * 1.1 * \text{Base Hourly Pay Rate}$ \$37.54 INCREASE cap to ***\$39.51***

Semi-monthly 30% or less \$18.77 flat rate INCREASE to ***\$19.75***

Modifications Requested

The requested rate increases are within the parameters of the programming changes made in Release 1561 which was designed to accommodate CNA's dues and agency fee structure, specifically. Based on the processing mechanism provided in Release 1561, the requested increases may be implemented by making Control Table changes per the attached sample BRT table entries.

It is requested that the **BRT** transactions be made available to campuses electronically for locations to make the necessary updates effective with earnings beginning 7/1/05 (bw 7/3/05).

Payroll Coordination
June 15, 2005

Revised 6/28/05



**BENEFITS RATES TABLE
GROSS-TO-NET RATES/AMOUNTS
FORMAT 001 & 002 & 003
UPAY712 (R04/04) R1561**

A/D	1	2	3	4	6	GTN NO	RATE/AMOUNT	10	18	18
	14	0	0	1			*			
	14	0	0	1			*			
	14	0	0	1			*			
	14	0	0	1			*			

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				71

A percentage should be entered with the integers prior to the implied decimal; for example, 15% should be entered as 00015.0000.

A/D	1	2	3	4	6	7	9	10	18	19	27	28	36	37	45
	14	0	0	2				*			*		*		*
	14	0	0	2				*			*		*		*
	14	0	0	2				*			*		*		*
	14	0	0	2				*			*		*		*

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				71

A/D	1	2	3	4	6	7	9	10	18	19	27	28	36	37	45	46	54
C	14	0	0	3		077		*			*		*		*		*
C	14	0	0	3		460		*			*		*		*		*
C	14	0	0	3		506		*			*		*		*		*
C	14	0	0	3		507		*			*		*		*		*

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
00				07/01/05
00				07/01/05
00				07/01/05
00				07/01/05

PREPARED BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____

RETENTION: ACCOUNTING: UNTIL ACTION TAKEN

*Please Note: For UCSC only, the applicable dues GTN is #075

Revised 6/28/05
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**BENEFITS RATES TABLE
GROSS-TO-NET RATES/AMOUNTS
FORMAT 001 & 002 & 003
UPAY712 (R04/04) R1561**

A/D	1	2	3	4	6	18	GTN NO	RATE / AMOUNT
	14	001				*		*
	14	001				*		*
	14	001				*		*
	14	001				*		*

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				66 71

A percentage should be entered with the integers prior to the implied decimal; for example, 15% should be entered as 00015.0000.

A/D	1	2	3	4	6	7	9	10	18	19	27	28	36	37	45	CAP GROSS
	14	002						*	*	*	*	*	*	*	*	*
	14	002						*	*	*	*	*	*	*	*	*
	14	002						*	*	*	*	*	*	*	*	*
	14	002						*	*	*	*	*	*	*	*	*

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				66 71

A/D	1	2	3	4	6	7	9	10	18	19	27	28	36	37	45	46	54	THRESHOLD PERCENT
C	14	003				508		*	*	*	*	*	*	*	*	*	*	*
C	14	003				077		*	*	*	*	*	*	*	*	*	*	*
C	14	003				460		*	*	*	*	*	*	*	*	*	*	*
C	14	003				506		*	*	*	*	*	*	*	*	*	*	*

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				66 71
				07 01 05
				07 01 05
				07 01 05
				07 01 05

PREPARED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____



**BENEFITS RATES TABLE
GROSS-TO-NET RATES/AMOUNTS
FORMAT 001 & 002 & 003
UPAY712 (R04/04) R1561**

*Revised 6/28/05
page 3 of 3*

A/D	1	2	3	4	6	GTN NO	RATE / AMOUNT	10	18
	14	0	0	1			*		
	14	0	0	1			*		
	14	0	0	1			*		
	14	0	0	1			*		

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				71

A percentage should be entered with the integers prior to the implied decimal; for example, 15% should be entered as 00015.0000.

A/D	1	2	3	4	6	7	9	10	18	19	CAP	27	28	CAP2	36	37	CAP GROSS	45
	14	0	0	2				*			*			*			*	
	14	0	0	2				*			*			*			*	
	14	0	0	2				*			*			*			*	
	14	0	0	2				*			*			*			*	

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				71

A/D	1	2	3	4	6	7	9	10	18	19	CAP	27	28	DEDUCTION PERCENT	36	37	REDUCED DEDUCTION AMOUNT	45	46	THRESHOLD PERCENT	54
C	14	0	0	3		507		*			00079.0900			00000.9390			00039.5100			*	
C	14	0	0	3		508		*			00079.0900			00000.9390			00039.5100			*	
	14	0	0	3				*			*			*			*			*	
	14	0	0	3				*			*			*			*			*	

BUC	R	S	D	EFFECTIVE DATE
61 62	63	64	65	MM DD YY
				71
				070105
				070105

PREPARED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____