



**SERVICE REQUEST**

UIRC 160 (R8/00)

1111 Franklin Street, 7<sup>th</sup> Floor, Oakland, CA 94607-5200

SR No.: 16969

DATE			DATE CYCLE DUE		
MO	DY	YR	MO	DY	YR
06	21	05	06	27	05

PERSON AUTHORIZING REQUEST: <b>Michael O'Neill</b>	PHONE NO.: <b>7-0905</b>	CONTACT: <b>Kathy Henmi</b>	PHONE NO.: <b>7-0945</b>
DEPARTMENT <b>Payroll Coordination</b>	BILLING NO. or ACCT-FUND-SUB: <b>0126</b>	REPORT FORMAT ATTACHED <input type="checkbox"/>	
ADDRESS <b>10th Fl. Franklin Bldg.</b>	SYSTEMS / FILES / PROGRAMS <b>PPS</b>		

**DESCRIPTION OF REQUEST:**

The AFSCME contract for the SX bargaining unit provides for a perquisite of at least one free meal. Attached is a Description of Service table update form to establish a perquisite by deduction for this purpose.

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
APPROVAL TO PROCEED (BASED ON ESTIMATE) →	AUTHORIZED SIGNATURE	NAME, TITLE, ADDRESS	DATE

RETN: OFFICE OF RECORD - 6 YEARS OTHER COPIES: 3 YEARS

WHITE - IR&C ORIGINAL YELLOW - IR&C ACCOUNTING PINK - INFORMATION MANAGEMENT GOLD - USER COPY

