

CITY OF MOMSOFTWARE

REPORT.: 06/12/09
 RUN...: 06/12/09 TIME: 12:25
 Run By.: CWS Personnel

Position Change Audit Trail

PAGE: 001
 ID #: PEUP
 CTL.:

Id	Name	Cur Posit	New Posit	Descriptions	Grd	Stp	Tbl	B	Grp	Effect Date	Master Acct Id Ctr	Salary	FTE
LIL01	LOMELI L	ACCT2		ACCOUNTANT 2	3	02	0	POLIC			33.00 /Hr	100.0
		ACCT2		ACCOUNTANT 2	4	02	00	POLIC		06/12/09		34.00 /Hr	100.0

Change Reason.: 04 EPR Received

Comments.: STEP INCREASE GIVED BASED ON EPR RECEIVED.

Worker's COMP Code.: 0000 Not Used

Screen A-Current					Screen A-New				
Master	Expense Ctr	Cat	Allowed	Earnings	Master	Expense Ctr	Cat	Allowed	Earnings
	FI	CA	HR			FI	CA	HR	

Screen B				Screen B					
Earn Code/Description	Auto	Pay Rate	Expense	Ctr	Accrual Codes	Applicable Tax/Benefit Codes			

Current->	HR HOURLY PAY	N	33.00 /Hr	60100	SL V0	01 02 03 07 08 09 10 11 18 20	04						
New----->		N	34.00 /Hr	60100	SL V0	01 02 03 07 08 09 10 11 18 20	04						
Current->	BP BONUS PAY	N	33.00 /Hr	60100	00	01 02 03 04 07 08 09 10 20							
New----->		N	34.00 /Hr	60100	00	01 02 03 04 07 08 09 10 20							
Current->	SL SICK LEAVE	N	33.00 /Hr	61100	SL V0	01 02 03 07 08 09 10 11 18 20	04						
New----->		N	34.00 /Hr	60100	SL V0	01 02 03 07 08 09 10 11 18 20	04						
Current->	VA VACATION	N	33.00 /Hr	61000	SL V0	01 02 03 07 08 09 10 11 18 20	04						
New----->		N	34.00 /Hr	60100	SL V0	01 02 03 07 08 09 10 11 18 20	04						

Screen C		Current			New			
Tx-Ben Code/Description	Table	Liability	Expense	Ctr	Table	Liability	Expense	Ctr
01 FEDERAL INCOME TAX	01USM	1	25000		01USM	1	25000	
02 FICA	02000	1	25100	60400	02000	1	25100	60400
03 STATE INCOME TAX	03CAM	1	25200		03CAM	1	25200	
04 SDI	04000	1	25200	1 25200	04000	1	25200	1 25 200
08 EMPLOYEE PERS	08000	1	25750	1 60500	08000	1	25750	1 60500

REPORT.: 06/12/09
RUN...: 06/12/09 TIME: 12:25
Run By.: CWS Personnel

Corbin Willits Systems
Position Change Audit Trail

PAGE: 002
ID #: PEUP
CTL.: ROS

Id Name (Cont'd)

LIL01 LOMELI L

Screen C	Current			New					
Tx-Ben Code/Description	Table	Liability	Expense	Ctr	Table	Liability	Expense	Ctr	
11 MEDICAL INSURANCE	11000	1	25600		11000	1	25600		60700

***Operator Notes-----
Screens C-01 02 03 04 08 11 SHOULD be added. Enter new Tax/Benefit screen(s)/table(s) as required.
Establish Screen K for employee LIL01, LOMELI L .