



SUBJECT

PAYROLL SYSTEM

1. CANCELLED PAYROLL WARRANTS - The procedure on how to handle cancelled payroll warrants has been divided into two sections.

Section A - Regular Cancellation

Section B - Partial Cancelled Warrants

Section A - covers cancellations where the warrant is returned to the DOA - General Accounting Office together with a completed form GAO-70.

Section B - covers situations where the employee has cashed the pay warrant and is reimbursing the agency for all or part of the warrant.

NOTE: Every effort should be made to avoid partial cancelled warrants. If possible, the original warrant should be cancelled and a handwrite requested.

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- a. **REGULAR CANCELLATION** - Both the warrant and the completed form GAO-70 are to be returned to the General Accounting Office. Up to 5 warrants may be submitted for cancellation on each Transmittal Advice.

The following data is required on the GAO-70.

- (1) AGENCY NAME - Self Explanatory
- (2) ADVICE NO. - This is for agency purposes only.
- (3) AGENCY I. D. LEVEL 2 - This is the 2 alpha character agency identification. It is your level 2 in the agency hierarchy.
- (4) SOCIAL SECURITY NUMBER - The Social Security Number of the employee whose warrant is to be cancelled. The number is to begin with a lead "0" thereby becoming a 10 character field.
- (5) EMPLOYEE NAME - Name of the employee whose warrant is to be cancelled.
- (6) WARRANT DATE - This is the value date of the warrant. All 6 characters must be entered. For example, January 7, 1991 is entered as 91 01 07.
- (7) WARRANT NO. - Enter all 9 digits of the warrant number.
- (8) REASON FOR CANCELLATION - Provide for each warrant the reason it is to be cancelled.
- (9) SIGNATURE AUTHORIZATION - The Transmittal Advice has to be signed by an authorized agency representative.
- (10) DATE - Enter the date the form is completed.

NOTE: A warrant that is undeliverable or unclaimed is not to be entered on the GAO-70. A separate memo is required outlining the reason for return to DOA, General Accounting Office.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA TRANSMITTAL ADVICE - CANCELLED PAYROLL WARRANTS

TO: General Accounting Office (Complete Agency Name) From: Advice No.

INSTRUCTIONS: Send this advice, with payroll warrants to be cancelled attached, to GAO. Retain duplicate copy. This form can be used for up to five warrants. Fill in all applicable lines.

Table with 5 columns: ITEM, WARRANT - 1, WARRANT - 2, WARRANT - 3, WARRANT - 4, WARRANT - 5. Rows include Agency ID, Social Security Number, Employee Name, Warrant Date (YY MM DD), and Warrant No. (all 9 digits).

REASON FOR CANCELLATION. (BE SPECIFIC, IF MORE THAN ONE WARRANT, KEY EXPLANATION TO WARRANT NUMBER)

Signature of Authorized Official: Date:

GAO-70 (Revised 3-91)

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b. RECOVERY OF OVERPAYMENTS

Partial Cancelled Warrants - The form GAO-70A - "Partial Cancelled Warrant" is designed to assist agency personnel in the preparation and processing of the document to recover overpayments where the employee has cashed the pay warrant. The overpayment recovery is also referred to as a partial cancelled warrant.

Both the GAO-505 "Deposit with the State Treasurer" and the GAO-70A - Cancelled Payroll Warrants" are to be completed and submitted directly to the GAO-Payroll Section. The GAO-Payroll Section will be responsible for processing the GAO-505 through the Treasurer's Office.

Payroll will prepare a reverse TC-850 to refund to the agency the gross amount of the cancellation plus the applicable ERE amounts. Year-to-date earnings will be adjusted.

METHOD OF COMPLETING GAO-505 - DEPOSIT WITH STATE TREASURER

NOTE: Only complete the following fields as shown on the sample on page 5.

- (1) Enter "AAA"
- (2) Enter "853"
- (3) Enter "99996"
- (4) Enter "93" or current year
- (5) Enter Amount of Overpay
- (6) Enter Employee Name and S.S.N.
- (7) Enter Document Amount
- (8) Enter "1316"



SUBJECT

PAYROLL SYSTEM

**STATE OF ARIZONA
REVENUE / RECEIPTS**

DEPOSIT WITH STATE TREASURER

KEY WHITE ORIGINAL ONLY

STATE TREASURER VALIDATION NO

BATCH HEADER DEPOSITOR CODE (4)

AGCY (3) DATE (6) TYPE (1) NO (3)

AGENCY: PREPARED BY: AUTHORIZED: PHONE: ENTERED:

DEPOSIT ACCOUNTING DATA

DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
BANK (13)	DISC DATE (6)	TERM (2)	PEN DATE (6)	PEN AMT \$(11) (2)								
FUND (4)	COMP GL (4)	AGY GL (8)	GRANT NO (6)	PH (2)	SUB GRANTEE (14)	PROJ NO (6)	PH (2)	MPCD (10)	AGY CD-1 (4)	AGY CD-2 (4)	AGY CD-3 (6)	RTI (6)
DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	SFX (3)	REF DOC (8)	AGY (3)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COMP OBJ (4)
AGY OBJ (4)	AMOUNT \$(11) (2)	R (1)	DESCRIPTION (30)				DOC AMT \$(11) (2)		DOC AGY (3)	FO (1)	VENDOR NO (11)	MC (3)
VENDOR NAME (50)												
PMT TYPE (1) INTERM (2) CITY (20) ST (2) ZIP CODE (5) * (4) DIF (9) APPR NO (5)												
TREASURER'S OFFICE USE ONLY												
CURRENCY \$	DIRECT DEPOSIT \$											
COIN \$	CREDIT ADVISE (MIRE) \$											
CHECKS \$	TOTAL DEPOSIT \$											
TREASURER'S SIGNATURE												
TREASURER												
GAO-505 (4-14-92) DEPOSIT WITH STATE TREASURER												

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Partially Cancelled Warrants - Work Sheet

Method of completing form GAO-70A.

- (1) AGENCY NAME - Self Explanatory
- (2) AGENCY I.D. LEVEL 2 - Enter the 2 alpha character agency I.D. that is level 2 in your agency hierarchy.
- (3) DATE - Enter the date the form is completed.
- (4) EMPLOYEE'S NAME - Enter the name of the employee to whom the warrant was made payable.
- (5) SOCIAL SECURITY NUMBER - Enter the employee's Social Security Number with a lead "0".
- (6) WARRANT DATE & NO. - Enter the date the original warrant was issued and the 9 digits of the warrant number.
- (7) ACCOUNTING DISTRIBUTION - Enter in the applicable box the AGY, AY, PCA, INDEX, GRANT AND PHASE to be credited.
- (8) WORK SHEET SECTION - A work sheet area is provided to allow for 2 warrants to be entered on each GAO-70A. The warrants do not have to be for the same payee.

In the "AMOUNT PAID" column, enter the gross pay, federal taxes, social security/medicare, state taxes, retirement, all remaining voluntary deductions (as a lump sum) and net pay.

Calculate and enter in the "AMOUNT TO BE PAID" column the correct gross and corresponding deductions for which the warrant should have been issued.

In the "DIFFERENCE TO BE RECOVERED" column enter the difference between columns 1 and 2. The net amount of the column represents the amount owed by the employee.

All three columns shall calculate from gross to net and crossfoot.

- (9) GROSS PAY DISTRIBUTION - This section allows for the calculation of the gross pay adjustment by regular pay and earnings DOE's. In the OTHER EARNINGS enter the applicable comptroller object codes that are to be adjusted through a credit TC-850 gross payroll distribution.

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Partially Cancelled Warrants - Work Sheet (Continued)

- (10) EMPLOYER RELATED EXPENDITURE - Enter in the "DIFFERENCE TO BE RECOVERED" field the state contribution to FICA, health insurance, dental insurance and retirement that is to be credited to the agency. For the insurance contributions, enter the DOE number for the particular coverage that is to be reversed. For retirement, enter the applicable comptroller object code.

- (11) REASON FOR CANCELLATION - Enter the warrant number and the reason for the partial cancellation.

- (12) SIGNATURE AUTHORIZATION - The GAO-70A has to be signed by an authorized agency representative.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA **PARTIALLY CANCELLED WARRANTS - WORK SHEET**

TO: General Accounting Office (Complete Agency Name) AGENCY I.D. DATE

FROM:

INSTRUCTIONS: SEND THIS ADVICE TO GAO. RETAIN A DUPLICATE COPY.

ACCOUNTING DISTRIBUTION:	Employee's Name						Employee's Name											
	AGY	APP YR	PCA	INDEX	GRANT	PMS	AGY	APP YR	PCA	INDEX	GRANT	PMS						
ITEM	AMOUNT PAID			AMOUNT TO BE PAID			DIFFERENCE TO BE RECOVERED			AMOUNT PAID			AMOUNT TO BE PAID			DIFFERENCE TO BE RECOVERED		
GROSS																		
FEDERAL TAX																		
SOCIAL SECURITY (6.2%)																		
MEDICARE (1.45%)																		
STATE TAX																		
RETIREMENT																		
INSURANCE & VOLUNTARY DEDUCTIONS																		
NET PAY																		
GROSS PAY DISTRIBUTION:																		
Base Salary ()																		
OTHER EARNINGS ()																		
()																		
()																		
()																		
ERE - EMPLOYER RELATED EXPENDITURES BY SUB-OBJECT CODE - ENTER APPLICABLE RETIREMENT																		
FICA (6111)																		
DOE #																		
Health Ins. (6113)																		
DOE #																		
Dental Ins. (6118)																		
RETIREMENT ()																		

REASON FOR PARTIAL CANCELLATION. (BE SPECIFIC. IF MORE THAN ONE WARRANT, KEY EXPLANATION TO WARRANT NUMBER.)

Signature of Authorized Official: _____ Date: _____

(SAC-TDA (Revised 7-92))



SUBJECT

PAYROLL SYSTEM

2. CLAIM FOR PERSONAL SERVICES - Pay warrants are delivered to an agency representative upon presentation of an authorized GAO-60 "Certification and Claim for Personal Services," plus presentation of "Authorization to Pick-up warrants (Blue Card).

Agencies that receive their pay warrants through the U. S. Mail or a courier service must mail a completed GAO-60 to the General Accounting Office by Tuesday of the pay week. GAO-Payroll will not release the warrants until the certification claim has been received.

The GAO-60 is in every sense a claim similar to the GAO-504 in that when signed by an appropriate agency representative the document authorizes the GAO-Payroll Section to cover the employee's gross wages and employee related expenditures from agency funds.

All payroll warrants are available for pick-up on Thursdays at 1:00pm and should be picked up by 4:30pm on Fridays.

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How To Complete The GAO-60, Certification and Claim Form

- (1) DATE: Date form is completed
- (2) CLAIM NO.: Agency option. This 'field is not carried into the general accounting system.
- (3) FROM: Enter the agency name.
- (4) FOR PAYROLL PERIOD FROM: TO: Enter the first and last date of the pay period covered by the GAO-60.
- (5) PAYABLE ON: Enter the Friday pay date.
- (6) AUTHORIZED SIGNATURE, TITLE & DATE: The form has to be signed and dated by an authorized agency representative.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA
DIVISION OF FINANCE
CERTIFICATION AND CLAIM FOR PERSONAL SERVICES

DATE: _____ CLAIM NO.: _____
(Agency Name)

FROM: _____ TO: PAYROLL CLEARING ACCOUNT 100200-1011

FOR PAYROLL PERIOD FROM: _____ PAYABLE ON: _____

CERTIFICATION

I hereby certify under penalty of perjury that the attendance reported for the period covered by this claim is correct and that the employees have performed the required services reported. Any payments requested by this claim in excess of eighty hours are authorized by the Arizona Revised Statutes and that these expenditures are for a valid public purpose; and that the funds have been appropriated or are otherwise available for payment to these employees; and that if the available funds are from a federal grant, contract or source, such payment is allowable under the terms of the grant, contract or source; and payment of the amount due is hereby approved.

I further certify that the employees included on the submitted attendance have taken and subscribed to the loyalty oath prescribed by Arizona Revised Statutes Section 38-231, or are teachers, instructors or professors authorized to teach in the United States under the exchange program as provided by federal statutes enacted by the Congress of the United States, and said oath is filed with this agency.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____



SUBJECT

PAYROLL SYSTEM3. DEFERRED COMPENSATION

No payroll actions for deferred compensation may be processed by an agency.

An employee wishing to commence, terminate or change deduction amount from the deferred compensation plan must do so through the plan administrator.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA DEFERRED COMPENSATION

Date: _____

Effective Date: _____

The Deferred Compensation Committee has approved the joinder agreement executed by the below listed employee. The agreement is on file with the Plan Administrator. Please commence deductions on the first pay of the month following receipt of this authorization.

Social Security No. Department Department No. Payroll Division

NAME: (Last) (First) (Middle Initial)

MONTHLY DEDUCTION AMOUNT: \$ _____

Table with columns: L1, L2, SOCIAL SECURITY NUMBER, DOE, BI-WEEKLY AMOUNT. Row 1: R, K, 0, 3, 5, 1, 5, N

AUTHORIZATION: _____ For Plan Administrator

Date: _____

Effective Date: _____

The Deferred Compensation Committee has approved the termination of payroll deductions for:

Social Security No. Department Department No. Payroll Division

NAME: (Last) (First) (Middle Initial)

MONTHLY DEFERRED AMOUNT: \$ _____

Table with columns: L1, L2, SOCIAL SECURITY NUMBER, DOE, BI-WEEKLY AMOUNT. Row 1: R, K, 0, 3, 5, 1, 5, N

AUTHORIZATION: _____ For Plan Administrator



SUBJECT PAYROLL SYSTEM

4. DIRECT DEPOSIT - Through the use of the direct deposit feature of the Human Resources Management System an employee's net pay may be deposited to as many as three different accounts at one or more financial institutions subject to the limitations outline below:

(1) The following are the possible combinations in ascending order:

	Checking (DOE 99)	Savings (DOE 98)	Alt-Checking (DOE 97)
A	NET	\$	\$
B	NET	\$	
C	NET		\$
D	NET		
E		NET	\$
F		NET	
G		\$	\$
H		\$	
I			\$

NET = Balance of net pay
\$ = a fixed dollar amount

For alternatives "G", "H" and "I" a warrant is issued for the net pay.

- (2) Alt-Checking may only be a fixed amount.
- (3) Deposits may only be made to institutions that are members of CACHA (Cal-Western Automated Clearing House Association). Information regarding membership may be obtained from GAO - Payroll Section.
- (4) Federal regulations require that a financial institution be notified of a pending direct deposit before any money is transferred. Because of this pre-notification direct deposits will only be effective 3 to 4 weeks after the request is received in GAO - Payroll Section.
- (5) To participate in Automatic Deposit, the employee must complete an "Employee Authorization for Automatic Deposit" (form GAO-65). After the form has been reviewed by the appropriate authority, the form should be forwarded to the GAO - Payroll Section.
- (6) An employee wishing to discontinue Automatic Deposit, must complete an "Employee Authorization for Stop of Automatic Deposit" (form GA066). This form is to be forwarded to the GAO - Payroll Section. Automatic Deposit Stop will take effect on the employee's next payday, providing normal maintenance schedule deadlines are met.



SUBJECT

PAYROLL SYSTEM

- (7) If an employee wishes to change the financial institution for a direct deposit, a "Stop" form must be submitted to delete the old record and a new "Authorization" form is required for the new record. The new record will be treated in the same manner as an initial entry; that is, the first direct deposit may take 3 to 4 weeks. The delay is to allow time for the financial institution to verify the branch and account number.

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How To Complete Employee's Authorization For Automatic Deposit Form

- (1) CYC: You may leave this blank.
- (2) Agency ID: Enter the two character alpha identifier for the employee's agency.
- (3) Employee Social Security No.: Employee Social Security Number.
- (4) Employee Name: Enter employee name.
- (5) Date: Date form is prepared.
- (6) Account Number: Place an "X" in type of account. Enter the account number for that account.

If you are requesting a change to the dollar amount of an established account only, place and "X" in the square labeled, "CHECK HERE IF THE ACCOUNT CHECKED ABOVE IS A CHANGE TO AN ESTABLISHED ACCOUNT".
- (7) Amount: Place an "X" in the type of account. The type of account must be the same as the type of account indicated in step 6.
 - For a checking amount, enter "NET" or "100%" in the space provided.
 - For a savings amount, enter the dollar amount to be deposited to that account. If the balance of the warrant is to be deposited to that account, enter "NET" or 100% in the space provided.
 - For an Alt checking amount, enter the dollar amount to be deposited.
- (8) Name of Financial institution: Enter name of financial institution.
- (9) Routing number: If a voided check is not attached, the routing number must be entered. The routing number is a nine-digit number located on the bottom left corner of a check. If the Automatic deposit is being deposited to a savings account, the employee should contact the financial institution to obtain the routing number for that financial institution.
- (10) Agency Review: Write the name of the agency in the space provided. All requests must be initialed as being reviewed by the appropriate authority at the employee's agency.
- (11) Employee's Signature: All forms must have employee's signature.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA
EMPLOYEE'S AUTHORIZATION FOR AUTOMATIC DEPOSIT

Please Staple
Voided Check
Here

CYC	AGCY I.D.	EMPLOYEE'S SOC. SEC. NO.	EMPLOYEE'S NAME	DATE	
		0			
FOR GAO USE ONLY (BANKID)		(X ONE)			
		<input type="checkbox"/> CHECKING ACCOUNT			
		<input type="checkbox"/> SAVINGS ACCOUNT			
		<input type="checkbox"/> ALT CHECK ACCOUNT			
		ACCOUNT NUMBER			
		<input type="checkbox"/> CHECK HERE IF THE ACCOUNT CHECKED ABOVE IS A CHANGE TO AN ESTABLISHED ACCOUNT.			
FOR GAO USE ONLY (A-B-C)					
GAO USE ONLY		(X ONE)		FOR GAO USE ONLY	
DOE	M	P	T	<input type="checkbox"/> CHECKING AMOUNT (NET AMOUNT ONLY)	
				<input type="checkbox"/> SAVINGS AMOUNT (FIXED OR NET)	
				<input type="checkbox"/> ALT CHECK AMOUNT (FIXED ONLY)	
				AMOUNT	
NAME OF FINANCIAL INSTITUTION				ROUTING NUMBER IF VOIDED CHECK IS NOT ATTACHED	
AGENCY REVIEW				I hereby authorize the DOA Payroll Unit and the Financial Institution to process credit entries, and if necessary debit entries and adjustments to my account for the purpose of depositing my wages. This authorization is to remain in full force and effect until you receive written notice from me requesting its termination.	
AGENCY NAME: _____				_____	
REVIEWER'S INITIALS				Employee's Signature & Date	

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How to Complete The Employee's Request To Stop Automatic Deposit Form

- (1) Agency ID: Enter the two character alpha identifier for the employee's agency.
- (2) Employee Social Security No.: Employee Social Security Number.
- (3) Employee Name: Enter employee name.
- (4) Date: Date form is prepared.
- (5) Account Number: Place an "X" in type of account to be stopped. Enter the account number as it appears on the system for that account.
- (6) Agency Review: Write the name of the agency in the space provided. All requests must be initialed as being reviewed by the appropriate authority at the employee's agency.
- (8) Employee's Signature: All forms must have employee's signature.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA
EMPLOYEE'S REQUEST TO
STOP AUTOMATIC DEPOSIT

AGCY I.D.	EMPLOYEE'S SOC. SEC. NO.	EMPLOYEE'S NAME	DATE
	0		
(X ONE) <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> ALT CHECK ACCOUNT		ACCOUNT NUMBER	
FOR GAO USE ONLY			
	DOE	P	AMT/PCT
			0 0 0 0 0 0 0 0
AGENCY REVIEW		I hereby authorize the DOA Payroll Unit and the Financial Institution to terminate my automatic deposit.	
AGENCY NAME			
REVIEWER'S INITIALS		Employee's Signature & Date	

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SUBJECT PAYROLL SYSTEM			

5. EMPLOYEE LEAVE DATA ADJUSTMENTS

PURPOSE: The GAO-63 "Employee Leave Data Form" is the document that is used by agencies that do not have direct input capabilities. It is used to adjust leave balances and/or change the adjusted hire date.

DISPOSITION: After the form has been completed it is forwarded to GAO-Payroll where the data will be entered into the HRMS employee's file. The form will be returned to the agency after the transaction has been completed.

TO COMPLETE THE FORM:

EMPLOYEE'S NAME: Enter the employee's name.

AGENCY CODE: Enter the 2 alpha character agency identification.

SOCIAL SECURITY NUMBER: Enter the employee's 9 digit Social Security number after the lead "0".

ADJUSTED HIRE DATE: Enter the year, month and day for the revised or adjusted hire date. For example, March 7, 1991 is entered as 91-03-07.

The hire date may be adjusted to correct an erroneous entry. It may also be adjusted to reflect an adjustment to State Service due to termination and rehire or an extended leave of absence without pay. These are only two examples of reasons for using this field.

HOURS COLUMNS: In the 5 leave hours columns enter in the applicable column the number of hours by which the leave hours balance is to be adjusted. If the balance is to be reduced, you have to bracket (the hours). The completed form should be signed and dated by the preparer and approved by an agency representative who is authorized to sign payroll documents.

Entrees in the "Adjusted Hire Date" field have to be approved by the Personnel Representative for employees in the State Personnel System.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA
EMPLOYEE LEAVE DATA FORM

EMPLOYEE'S NAME	REQUIRED ITEMS		ADJUSTMENTS [Add to or (Subtract) from the Existing Balances]						
	AGENCY CODE	SOCIAL SECURITY NUMBER	ADJUSTED TIME DATE Y Y M M D D	ANNUAL LEAVE HOURS	HOLIDAY ANNUAL HOURS	OLD ANNUAL LEAVE HOURS	SICK LEAVE HOURS	COMP. TIME HOURS	
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
									Approved by (Agency) ... Date
									Approved by (Personnel Rep) ... Date



SUBJECT PAYROLL SYSTEM

6. LABOR DISTRIBUTION

A salaried employee's earnings maybe allocated to as many as ten (10) different distributions on a percentage basis.

The original distribution is made through the hiring process on form "HRMS - 41 PERSONNEL/ PAYROLL DATA INPUT DOCUMENT". When completing the labor distribution section of the HRMS - 41, do not make an entry in the "Reference" column unless your agency has received authorization to do so from the General Accounting Office. Once established labor distribution will remain permanently on the employee's master file unless changed through form GAO-67 (Revised 1-91).

To Complete Labor Distribution On HRMS - 41

At least one distribution has to be entered for each new hire. To charge an employee's full salary to one distribution, enter .9999 in the percentage field. The system will read the entry as 100%.

When the employee's salary is to be allocated to more than one distribution, the percentages entered have to total 100% not .9999%.

How To Change Labor Distribution

Use form GAO-67 (revised 3-92) to change labor distribution allocations. It accommodates 2 employees on each form. Enter the new allocations on the GAO-67 starting with line number 1 and work down the form. If the new allocations are less in number than what is on the employee's file, it will be necessary to remove the unnecessary distribution lines. The new entries must equal 100%. For example, if an employee's salary is distributed to four (4) allocations at 25% each and this distribution is to be changed to two (2) allocations of 50% you have to enter the 50% allocation on lines 1 and 2 and an "R" in the applicable fields that had an entry on lines 3 and 4. If you fail to enter the "R (remove code)", the system will distribute 150% of the salary (50+50+25+25).

Example: PERCENT AGY YR PCA INDEX GRANT PHS
.0000 R-- -- R---- ----- R---R- --

OFF-CYCLE SUPPLEMENTAL LABOR DISTRIBUTION

The AGY, AY, PCA, INDEX, GRANT and PHASE fields are to be left blank if the payment is to be distributed in the same manner as the employee's regular bi-weekly wages. The labor distribution on the employee's master file may be overridden by an entry in the distribution field. The override will be 100% for each line item.



SUBJECT

PAYROLL SYSTEM

STATE OF ARIZONA PERSONNEL/PAYROLL DATA - REALTIME INPUT DOCUMENT

LEVEL 1: <u>AZ</u>	LEVEL 2: _____	EMPLOYEE NUMBER	ACTION CODE	ACTION EFFECT. DATE
0				Yr: / Mo: / Day:
EMPLOYEE'S NAME (Last, First, MI)				
SOCIAL SECURITY NUMBER			ADDRESS - 1	
0				
ADDRESS - 2			CITY	STATE ZIP CODE
ORGANIZATIONAL LEVELS				
DIVISION		SECTION	UNIT	
PAY, INCOME TAX AND EMPLOYEE INFORMATION				
SALARY (BI-WEEKLY)	HOURLY RATE	BI-WEEKLY HRS. WORKED	PAY CODE	PAY FREQUENCY
				2
CHECK LOCATOR	WRKRS. COMP.	SALARY RATE INDICATOR	ACT/INACT STATUS:	RETIREMENT
				MARITAL STATUS:
				STATE TAX METHOD:
				WORK STATE
				03
FICA INDICATOR:	EXEMPTIONS	FEDERAL TAX METHOD:	ADDITIONAL FEDERAL W/H	
			EMPL. CLASS CODE	
EMPLOYEE CLASS TITLE				
EMP. GRADE	EMPLOY. STATUS:	STATUS TERM DATE	U/O FILL U I	SHIFT E.E.O.C.
		Yr. Mo. Day:		CERTIFICATION LIST
State Hire Date	PERFORM. REVIEW DATE	BIRTHDATE	SEX	ETHNIC
(Yr. Mo. Day)	(Yr. Mo. Day)	(Yr./Mo./Day)		HANDICAP VETERAN
EMPLOYEE LABOR DISTRIBUTIONS				
PERCENT	ORG	TASK	OPTION	ACTIVITY
REFERENCE				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
PAY INC. ELJG. DATE	GEO. LOC: COUNTY-CITY	AGENCY USE ONLY		
(Yr./Mo./Day)				
(SCREEN 228)	EMPL. ASSIGNED TO POSITION NO.:	(SCR. 150)	T/A WORKGROUP	EMPL. UNIT
				ADJUSTED HIRE DATE
				(Yr. Mo. Day)
PREPARED BY:	DATE:	APPROVED BY:	DATE:	
APPROVED BY:	DATE:	APPROVED BY:	DATE:	



SUBJECT

PAYROLL SYSTEM7. PAYROLL CHANGE SHEETSCREENS 100 AND 101

The "Payroll Change Sheet" is the document on which time and attendance is reported for payroll purposes. It lists in social security number order the employees within a control group, employees within the same level 3, 4 and 5. The form provides the employee's SSN, name, biweekly/hourly rate, sick and annual leave balances as of the beginning of the pay period. For each employee, it gives the scheduled regular (SR) work days and hours. When a statutory holiday occurs in the pay period the Change Sheet will indicate the scheduled holiday. It will read SH rather than SR. This information is derived from the employee's "Work Group".

WORK GROUPS:

The work group defines the employee's hours and days work schedule, accrual rates and overtime eligibility rules. The "Work Group" for hourly rated employees defines the overtime eligibility only. Time submissions for hourly employees is addressed in another section of this procedure.

WORK SCHEDULE CHANGE:

You may change an employee's established work schedule. To do this you enter the new scheduled hours on the first line of the affected day. For example, to change a schedule from Monday through Friday - 8 hours each day to Sunday through Wednesday - 10 hours a day, enter on the first line for Sunday, Monday, Tuesday and Wednesday SR 10 for Thursday and Friday enter SR 0. The work week must total 40 hours from Saturday through the following Friday.

FLEX-TIME SCHEDULE:

Salaried employees whose work day and hours is prone to continuous change should be placed on a flex-schedule. This schedule has SR 0 for each day. The work schedule is established by entering on the first line of each day "SR" plus the number of hours worked. The total for the week should not exceed 40 hours. If a statutory holiday occurs during the week, enter SH-8 for that day. Since this is a salaried employee, the system will automatically pay the regularly biweekly salary without any further time enters.

HOURLY EMPLOYEES:

These employees are treated in the same manner as salaried flex-time employees in that they do not have a fixed schedule. It must be built each pay period through SR time entries if the employee is to be paid.