



**OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)**

(503) 378-3518 fax

E-mail:

OSPS.Help@das.oregon.gov

Online Resource Center:

<http://go.usa.gov/bEJk>

**INSTRUCTIONS TO
PAYROLL OFFICES:**

Complete this form online
at <http://go.usa.gov/BVNG>

1. Verify all required fields are complete.
2. Ensure your agency number appears on the form.
3. Submit electronically using the email submit button.

OSPS Use Only
Received Date Stamp

CODE REQUEST FORM

Use this form to add an existing pay code to a benefit package (Section B), or to request a new code for work schedules (Section A). For new garnishment codes, please use form OSPS.99.33 – Garnishment Code Request Form.

Section A: Work Schedule Code Request (or N/A)

Pre-request agency checklist:

- Part-time schedule converted to full-time equivalent (4 hrs @ 50% equals 8 hrs f/t)
- Daily hours converted to xx.x format (10.25 becomes 10.2 or 10.3)
- Database / publications searched for existing code (full-time equivalent)

Week 1:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total ¹
<u>Begin Date</u>								
Week 2:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	

¹ - Must total 40 hours for a one-week schedule, or 80 hours for a two-week schedule

- This code is for a part-time person and will not be used for a full-time schedule.
→ **Checking this box restricts this code to your agency only. Your agency acknowledges the potential for FLSA violation if used on a full-time employee.**

Section B: Add Existing² Pay Code to Benefit Package (or N/A)

Pay Code	Benefit Pkg	Pay Period Start (Current / Future Month Only)	<i>Limitation: No codes are added on the two days between prelim and final payroll cutoffs twice a month.</i>
Authority <input type="checkbox"/> Statewide HR Policy <input type="checkbox"/> CBA with union/local: _____ <input type="checkbox"/> Agency Policy – <i>submit copy to OSPS with request</i>		Citation (Article/Policy #, Section) Example: Article 11.5.1 _____ Relevant Language	

² - If you do not find an existing code to fit your need, contact OSPS to begin the new code request process.

Section C: Submitted By

I certify that this request fully complies with the applicable collective bargaining agreement, statewide HR policy, or agency policy. In the event of an audit, I can fully support this request with internal documentation.

Use your signature for print version, or email address for electronic submission.

Agency #: _____

Signature/Email _____

Printed Name: _____ Date: _____

For OSPS Use Only

Citation Verified or N/A Database Updated or N/A Code Issued: _____