



**OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)**

(503) 378-3518 fax

E-mail:

[OSPS.Help@oregon.gov](mailto:OSPS.Help@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)

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

**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 Existing<sup>2</sup> Pay Code to Benefit Package (or N/A)

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

**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: \_\_\_\_\_