# This form is to be completed in full prior to sending to OFM. All change requests must be submitted by an agency HR and/or Payroll manager, depending on the type of update required. For information regarding the process for requesting changes or enhancements to HRMS, MyPortal, or other State HR applications, visit the HRMS Support Hub [Change Request and Approval Process](https://support.hrms.wa.gov/resources/hrms-change-request-and-approval-process) page.

# Sections marked with a red askterik (\*) are required. The HRMS Work Schedule Request and HRMS Out of State Tax Collection Wage Types sections are conditional based on those two types of requests. If you are submitting a request pertaining to work schedules or out of state tax collection wage types, you must complete both the required fields and the section pertaining to your request. If a section does not apply to your request, you may skip the section.

# If you have questions on completing the form, email [HeretoHelp@ofm.wa.gov](mailto:HeretoHelp@ofm.wa.gov) and we will contact you to assist.

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| --- | --- | --- | --- |
| Contact Information | | | |
| \*Agency Name: |  | \*Agency Number: |  |
| \*Contact Name: |  | \*Phone Number: |  |
| \*Email: |  | | |

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| --- |
| Description of Request |
| \*Provide a detailed description of the change you are requesting. |
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| Details of Request | |
| 1. | \*What is the reason for the change? Include a business case. |
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| 2. | \*Are there any legal mandates that require this change? If so, provide any RCWs, WACs, or federal requirements and the required implementation date. |
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| 3. | \*Are there any state or agency policies that require this change? If yes, list the policy and the required implementation date. |
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| 4. | \*If there are no legal mandates or policies that require a specific implementation date, when do you wish to have this change implemented? Include the reasoning for requesting this date. |
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| HRMS Work Schedule Request | |
| Complete this section only if you are requesting a new work schedule rule for use in the Planned Working Time (0007) infotype. AAG Confirmation is required and must be attached to your email for any new Work Schedule requests. | |
| 1. | What is the detail of the schedule? Is the AAG confirmation attached indicating schedule is in compliance? |
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| 2. | Is the schedule in compliance with the [Fair Labor Standards Act](https://www.dol.gov/agencies/whd/flsa) or other applicable laws? |
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| 3. | How many employees require this schedule? |
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| 4. | Is there a critical business process and/or agency efficiencies created by assessing the schedule? Agency Explanation: |
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| HRMS Out of State Tax Collection Wage Types | |
| Complete this section only if you are requesting a new wage type to collect out of state taxes using the Recurring Payments/Deductions (0014) infotype. | |
| 1. | Will the employee be working in a different state permanently, or is this for a defined period of time? |
|  | |
| 2. | If this is for a defined period of time, what is the duration of the employee’s time in another state? |
|  | |