



## HRMS Wage Type Request Form - Deduction

This form must be completed in full and is required for all wage type change requests or enhancements within HRMS. The form is a supplemental requirement in addition to providing information outlined in the [HR Application Change Request](#). Completed forms must be attached to all HRMS wage type requests. For further information, see the [HRMS Change Request and Approval Process](#).

Agency Name/Number:

Agency Contact SME:

Requestor Name:

Agency SME Email:

### Description of Request

Provide a detailed description of the wage type you are requesting:

### Details of Request

What is the reason for the wage type? Include a business case:

### Type of Request

New

Change

Vendor Change

Delimit \*

*\* If the request is to Delimit Wage Type, complete only items 1 and 2 below.*

### Payment Wage Type Processing Details

1. If a wage type is tied to a vendor, what is the Statewide Vendor Number?

SWV -

2. What is the title of the wage type?

Long Text (25 char max):

Short Text (8 char max):

3. What is the effective date of the wage type:

4. Does a similar Wage Type exist? Provide wage type:

5. What kind of wage type?

Deduction

Documentation only

Tax Reporter

Benefit

Absence

6. Provide a draft definition for the wage type:

**7. What is the amount, rate, and max of the wage type?**

Amount:

Rate:

Max:

Variable:

**8. Select the Infotype(s) the wage type is permissible: [V\\_T512Z](#)**

0014 – Recurring Payments/Deductions.

If selected, choose Payment Model:

0015 – Additional Payments

0221 – Payroll Results Adjustment

2010 – Employee Remuneration Info (includes CATS). If 2010, how frequently will this wage type be used?

**9. What is the business area permissibility? [V\\_511\\_B](#)**

0-All other agencies not listed below

2-Agency 2201

3-Agency 2250

4-Agency 4050

5-Agency 4051

6-Agency 045/055

7-Agency 4610

8-Agency 1170

If '0' is selected, and a specific agency needs permissibility, list agency [ZHR\\_ASSIGNMT\\_PAY](#):

**10. Are there employee subgroup permissibility restrictions [V\\_511\\_B](#):**

1-hourly

3-salaried

4-daily/monthly

5-volunteer

**11. Additional Type Characteristics [V\\_T511](#)**

Amount:

Limit Min Amt for WT?:

Limit Max Amt for WT?:

Number/Unit (Time unit/measure):

Limit Min num/unit for WT:

Limit Max num/un for WT:

Time Leveling (Conditional):

**12. Select processing details that apply to this wage type:**

Allow wage type to be entered as a negative amount

Allow wage type to process retroactively

Allow wage type to process through arrears (for a missed occurrence the wage type would catch up what was missed)

### 13. Wage Type tax considerations?

Is the deduction post-tax?	Yes	No
Is the deduction pre-tax?	Yes	No

If yes, select taxes the wage type is **not** subject to?

Federal withholding	Social security	Medicare
WA PFML	WA LTSS	Union dues
WA LNI	WA Unemployment	Retirement
DCP	ID Withholding	ID Unemployment
OR Withholding	OR PFML	OR Statewide Transit
OR Unemployment	OR Workers Comp	OR Portland Tri-Met
OR Lane Cnty Mass Transit	OR Canby Transit (CAT)	OR Sandy Metro (SAM)
OR S. Metro Reg Trans (SMART)		

### To Be Completed by State HR/SWA Only

1. Required: Are there any additional or unique restrictions?	Yes	No
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If selection was Yes:

Does the % not apply to any wage types?

How should this wage type interact with any other wage types or Infotypes?

Can this wage type be overridden by another wage type? If so, which one?

### 2. What is the priority order of the deduction?

Wage type has a corresponding balance (Table V_T51P1):	Yes	No
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Wage Type Priority A-U (Wage Type Priority V\_T51P6):

Arrears Processing (V\_T51P6):

Take as Much as possible, Remainder to Arrears, value 3

Take as Much as possible, No Arrears, value 2

All or Nothing, Remainder to Arrears, value 6

All or Nothing, No Arrears, value 5

Retroactive Accounting (V\_T51P6):

Take old amount, write difference to arrears table, value 1

Take old amount, forget difference, value 4

### 3. State Payroll Apps & Priorities Determination

**Approved**

**Denied**

If Approved:

SHR Approval Contact:

SWA Approval Contact:

If denied, please send email to [payeeregistration@ofm.wa.gov](mailto:payeeregistration@ofm.wa.gov) and provide customer notification.