



HRMS Wage Type Request Form - Payment

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. What is the title of the wage type?

Long Text (25 char max):

Short Text (8 char max):

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

3. What object, sub-object, sub sub-object, and GL should be associated with the wage type?

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

5. What kind of wage type?

Earning

Documentation only

Tax Reporter

Benefit

Absence

6. What is the 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](#)

0008 – Basic Pay

Add WT amount to Basic Pay total on IT0008 (Basic Pay Infotype IV Amount)

Add to Annual Salary Display [T539J](#)

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. Is the wage type subject to one or more of the following?

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)		

14. Does the wage type amount belong on the W2? If yes, in which boxes? (select all that apply)

Table V_T51T0

Box 1 – Wages, tips, and other compensation

Box 2 – Federal income tax withheld

Box 3 – Social security wages

Box 4 – Social security tax withheld

Box 5 – Medicare wages and tips

Box 6 – Medicare tax withheld

Box 10 – Dependent care benefits (W227)

Box 12 – Codes:

D – 403B Deferral Plans (W23D)

E – Elective deferrals under a section 403(b) salary reduction agreement (W23E)

G – Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan (W23G)

H – Elective deferrals under section 501(c)(10)(D) tax-exempt organization plan (W23H)

P – Qual Moving Exp (W23P)

W – Employer contributions to a health savings account (HSA)

DD – Cost of employer-sponsored health coverage

EE – Designated Roth contributions under a governmental section 457(b) plan

Box 13 – Statutory employee, Retirement plan

Box 14 – Other:

Def Ret (W24A)

Pretax Ins

Fringe Ben

Flex Spending (W24B)

Non Cash Gross (W24C)

OR PFML

OR Unemployment

OR Workers Comp

OR Transit Taxes (all)

Box 15 – State and Employer's state ID number

Box 16 – State wages, tips, etc.

Box 17 – State income tax

Box 18 – Local wages, tips, etc.

Box 19 – Local income tax

Box 20 – Locality name

To Be Completed by State HR/SWA Only

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

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. 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 and provide customer notification.