

THE PAYCHECKTHE PAYCHECK AND
PAY STATEMENT

The Salary Warrant (Paycheck) and Pay Statement are attached to each other. The information on both is described below.

THE PAYCHECK

The Paycheck is shown and described below.

| DEPT | EMPLOYEE NUMBER | NAME | DISTRIB |
|------|-----------------|---------|----------|
| 42 | 29076484802 | DOE, J. | 22222 40 |

CITY AND COUNTY OF SAN FRANCISCO
 10618 RECREATION & PARK 516-0010618
 BANK OF AMERICA
 SALARY WARRANT
 DATE 08/07/84
 JOHN DOE
 EIGHT HUNDRED FIFTY FIVE AND 61/100 DOLLARS
 855.61
 J. C. Jamieson
 CONTROLLER
 5160010618 0000358 0066 8016

- ① The department name.
- ② Serial Number - The check number as shown on the upper-right corner of the paycheck.
- ③ Department - The department number.
- ④ Employee Number - The employee number, including MPID, and TCD.
- ⑤ Name - The last name and first initial of the employee.
- ⑥ Distrib - The check distribution code from the PAR.

- ⑦ This box contains the pay frequency code.
- ⑧ Date - The date the check was issued.
- ⑨ The employee's first and last name.
- ⑩ The dollar amount the employee is being paid.
- ⑪ The dollar amount spelled out.

THE PAY STATEMENT

The Pay Statement is shown and described below.

| CITY AND COUNTY OF SAN FRANCISCO | | | | | | | | | | PP BEGIN | 07/14/84 | CHECK DT | 08/07/84 | SERIAL NO | 10618 |
|--------------------------------------|-----------------|-------------|---------------|--------------|----------------|-----------|------------|-----------------|---------|----------|----------|----------|----------|-----------|-------|
| STATEMENT OF EARNINGS AND DEDUCTIONS | | | | | | | | | | PP END | 07/27/84 | | | | |
| DEPT | EMPLOYEE NUMBER | SOC SEC NO | EMPLOYEE NAME | | | YTD GROSS | CURRENT GR | NET PAY | | | | | | | |
| 42 | 29076484802 | 290-76-4848 | DOE, J | | | 1084260 | 114804 | 855 61 | | | | | | | |
| NRS UNITS | RATE | DESCRIPTION | CURREN | YEAR TO DATE | DESCRIPTION | CURRENT | TO DATE | DESCRIPTION | CURRENT | TO DATE | | | | | |
| 72 0015 000 | | REGULAR | 1080 00 | 1020000 | FED TAX | 17413 | 1705 17 | | | | | | | | |
| 72 00 945 | | SHIFT 2 | 68 04 | 64260 | FICA TAX | 7691 | 726 45 | | | | | | | | |
| | | | | | ST TAX | 2888 | 291 16 | | | | | | | | |
| | | | | | SDI | 919 | 86 74 | | | | | | | | |
| | | | | | HEALTH | 332 | 752 88 | | | | | | | | |
| | | | | | VAC HOURS ACCM | 330.00 | | SICK HOURS ACCM | 1000.00 | | | | | | |

- ① PP Begin/PP End - The beginning and ending dates of the pay period.
- ② Check Dt - The date the check was issued.
- ③ Serial No - The check number as shown on the upper-right corner of the paycheck.
- ④ Dept - The department number.
- ⑤ Employee Number - The employee's social security number, MPID, and TCD.
- ⑥ Soc Sec No - The employee's social security number.

- ⑦ Employee Name - The last name and first initial of the employee.
- ⑧ YTD Gross - The employee's year-to-date gross pay.
- ⑨ Current Gr - The amount the employee earned this pay period before taxes and deductions.
- ⑩ Net Pay - The amount the employee earned this pay period minus taxes and deductions.
- ⑪ Hrs/Units* - The hours for each type of pay an employee earned during the pay period. (Special pays will not list hours.)
- ⑫ Rate - The pay rate calculated by the computer (the amount earned divided by the reported hours). The rate is recorded to three decimal places. For example, 15.000 is fifteen dollars per hour.
- ⑬ Earnings Columns - This section contains:

Description - Description(s) of the type(s) of pay the employee has had this year. Following are the types of pays that can appear in this column:

- Regular work pay--appears as REGULAR.
- Shift pay--appears as SHIFT with the shift number.
- Special (premium) pays and paid leaves--these are abbreviated to eight characters. If you're not sure what the abbreviations stand for, see Appendix I.

NOTE: OTHR HOL includes floating holidays and longevity leave; OVERTIME includes time-and-a-half overtime, straight time overtime, holiday work pay, and standby pay.

- Sick pay--appears as SICK PAY.
- Vacation pay--appears as VACATION.

*No non-paid hours are shown on the Statement except WC LV (Worker's Compensation Leave) and SDI LV (State Disability Insurance Leave).

Current - The amount paid this pay period for each pay type.

NOTE: When a paid-hours type is listed with no amount shown in the Current column, it means that the employee did not have this type of paid hours this pay period.

Year-to-Date - The amount paid year-to-date for each pay type.

⑭ Taxes and Deductions Columns - This section contains:

Description - An abbreviated description of the taxes and other deductions that were taken out this pay period, and year-to-date. For more detailed information on the abbreviations, see Appendix I. For more detailed information on deductions, see Appendix H.

Current - The amount of each tax or deduction this pay period.

To Date - The year-to-date amount for each tax or deduction.

NOTE: City-paid benefits such as the City's share of retirement are not listed.

⑮ Vacation Hours Accumulated - The employee's awarded vacation balance, effective as of the end of the pay period.

⑯ Sick Hours Accumulated - The employee's sick leave balance, effective as of the end of the pay period.

REPLACING LOST OR DESTROYED PAYCHECKS

SUMMARY

This Bulletin describes the procedure to be followed when an employee reports a lost, stolen or destroyed paycheck, and requests a replacement.

PROCEDURE

1. Ask the employee for identification.
2. Fill out a Lost Paycheck Affidavit, Form 1023. (A sample of this form is attached; make copies of the sample as you need them. Printed forms will be available from Payroll Distribution on or about May 1st.)
3. Have the employee sign the form, in your presence, in the space labelled "affiant".
4. Have the appointing officer or designee sign the form.
5. Make a photocopy of the page from Report 10 that shows the detail of the paycheck in question, and attach it to the affidavit.
6. Send the affidavit and the Report 10 page to PPSD (160 South Van Ness). Keep a copy of the affidavit.

NOTE: If the employee has a portion of the paycheck, attach it to the documents you are sending to PPSD.

7. When PPSD staff receives the Affidavit, they will verify that the paycheck has not been cashed.
- 8A. If the paycheck has NOT been cashed, PPSD will release a replacement paycheck to Payroll Distribution (Room 2B, City Hall) within 72 hours of receiving the Affidavit.
- 8B. If the paycheck HAS been cashed, PPSD will notify you. You must then:
 - a. Notify the employee that the paycheck has been cashed.
 - b. If the employee wants to inspect the endorsement on the check, fill out the Request for Warrant Status or Copies form and send it to the Cancelled Outstanding Warrants (COW) Office, City Hall, Room 109B. The COW office will send you a photocopy of the check.

- c. When you receive the photocopy of the check, notify the employee that it's available for him or her to inspect. If the employee wishes to take further action, instruct him or her to go to the Controller's Revenue Section, City Hall, Room 109. There the employee will have to prepare a separate affidavit and work directly with the Controller's Revenue Section and the Treasurer's Office.

QUESTIONS

If you have any questions about this Bulletin, call the PPSD Adjustments Section at 621-3982.

NOTE: Two Bulletins were issued as Number 13. We apologize for any confusion this may have caused.

LOST PAYCHECK AFFIDAVIT

PAYROLL/PERSONNEL SERVICES DIVISION
160 South Van Ness Avenue
San Francisco, California 94103

EMPLOYEE INFORMATION

Affiant's Name
Address
Department
Employee Number

LOST PAYCHECK INFORMATION

516-
Check Number
Net Amount
Dept./Div./Sec. Numbers
Date of Check

The affiant herein named affirms that the City & County of San Francisco
Controller's paycheck described above was ___ lost ___ destroyed on or about
the ___ day of ___, 19___ under the following
circumstances:

that the affiant is entitled to possession and hereby requests a replacement of
this paycheck as the:

- ___ original payee
___ endorsee (must show proof of right to possession)
___ custodian (must submit certified copy of authority)

I, the affiant, certify under penalty of perjury that the foregoing is true and
correct. I understand that if a double payment occurs as a result of
processing this Affidavit, I am responsible for returning the overpayment to
the City and County of San Francisco.

Affiant Date Phone Appointing Officer Date

PPSD USE ONLY

FIRST CALL: SECOND CALL:
Paycheck outstanding date Paycheck outstanding date

Check cashed on date; verified by name of person in COW office

Issuance of Replacement Paycheck: Date: Check No. :

