

Labor Template FAQ's

Frequently Asked Questions



FAQ's

- I have an employee with two HR positions and they need separate distributions
- I need to charge one pay code to a different distribution(i.e.call pay)
- I thought I changed the template, but I got a call about an error...
- Why can't I just keep adding new templates each payperiod for the same employee?
- Accounting/OSP must set these templates up for you. Two templates will then exist.
- Accounting/OSP must make these changes for you. Two templates will then exist.
- You should always inquire and view your template after you make changes. *Hint-type in the employee number and hit inquire/next or previous to view the template*
- Not a good idea; too many templates are hard to manage(it is only appropriate if they have multiple HR jobs or pay codes distributed to different funds/cost centers)

FAQ's

- What fund account do I use for CMH payroll employees?
- What fund account do I use for summer students?
- What accounts do I use for cost centers and practice plan chargebacks?
- I don't know the payperiod end dates.
- Always use **99016**
- Always use **99011**
- **50000** for all cost centers except for PFF cost centers beginning with a 6xxxxx. PFF accounts are **50040 - clinic**, **50042 - admin**, **50044 - APN**.
- CSF cost center(100268) account number is **10268**.
- FPP cost center(100307) account number is **10307**.
- The payperiod end date schedule is located on the point. We have added a copy to the end of this presentation.

FAQ's

- How do I get access to manage templates?
 - Contact the Help Desk and open a ticket requesting Lawson Portal access for Grants management-templates. Complete password request form asking for Lawson access to grants management-templates and submit it to IM. Form is attached to this presentation.

INFORMATION MANAGEMENT PASSWORD REQUEST FORM

**PLEASE RETURN COMPLETED FORMS TO IM BOX 100 – PASSWORD ADMINISTRATION
FORM MAY BE FAXED TO 880-3292**

Employee Name <i>Please Print Clearly</i>	Last Name		First Name		MI
Employee's Job Title				Last Name of Administrator	
Employee or Doctor Number		Phone		Pager	
New Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Hire:		
Transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Job Change, Old Title:		
Cost Center or Nursing Station			Department:		
Building Name	Room #	Box #	Shift (D or E) Days / Evenings		

**NOTE: ALL APPLICABLE BOXES MUST BE COMPLETED ABOVE. WE ARE UNABLE TO PROCESS FORMS WITHOUT DEPARTMENT NAMES, SIX-DIGIT COST CENTERS, BUILDING LOCATIONS, AND EMPLOYEE OR DOCTOR NUMBERS.
PASSWORDS WILL BE ISSUED WITHIN 10 WORKING DAYS.
PLEASE CALL THE HELP DESK, AT x3445, WITH ANY QUESTIONS.**

• • A. Please Check the Appropriate Action: • •					
<input type="checkbox"/>	Request for New System Access				
<input type="checkbox"/>	Request to Amend System Access				
	List Systems Currently Available to You:				
<input type="checkbox"/>	Request for Network Password Change	Has Password Been Compromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/>	Request for HBOC CHIP Password Change	Has Password Been Compromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/>	Remove Access to All Systems, Delete Employee Security Code	If Employee is Leaving CMMC, List Date:			
Does Your Department Have a Novell Network?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does Your Department Use Windows 95 on Your PC?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do You Need Email Access?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have You Ever Had Email Access Under Any Other Name? If so, Please List Name:					

• • B. If This is a Request for New System Access or Amended System Access, Complete the Following: • •					
List the Name of a Person Who Currently Has the Same Access to the Same Functions That You Will Need					
Print the Name of the Employee:		Security Class(es) If Applicable:			

TO DETERMINE WHO IS THE APPROPRIATE PERSON TO GIVE AUTHORIZATION	
IF YOU ARE:	REQUIRED AUTHORIZATION SIGNATURE:
ADMINISTRATIVE STAFF	YOUR ADMINISTRATOR OR DIRECTOR
MEDICAL STAFF	YOUR DIVISION CHIEF
MEDICAL SUPPORT STAFF	YOUR DIVISION CHIEF

Employee's Signature		Date	
Authorizer's Signature		No Rubber Stamp Signatures Allowed	
Authorizer's Printed Name			
Authorizer's Title		Ext.	
Signature of Pick-Up		Ext.	
Printed Name of Signature Pick-Up		Date	

CHILDREN'S MEMORIAL MEDICAL CENTER
2008 HR/PAYROLL PROCESSING SCHEDULE

						Insurance/ FSA/Mass Transit/ Parking Deductions
Pay Period		P.C.N.'s Due	Timesheet			
Begin	End	In HR	Due Date	Paydate	#	for Month of
12/23/2007	1/5/2008	1/1/2008	1/1/2008	1/10/2008	1	January
1/5/2008	1/19/2008	1/15/2008	1/21/2008	1/24/2008	2	January
1/20/2008	2/2/2008	1/29/2008	2/4/2008	2/1/2008	3	February
2/3/2008	2/15/2008	2/1/2008	2/18/2008	2/21/2008	4	February
2/17/2008	3/1/2008	2/25/2008	3/3/2008	3/5/2008	5	March
3/2/2008	3/15/2008	3/11/2008	3/17/2008	3/20/2008	6	March
3/18/2008	3/29/2008	3/25/2008	3/31/2008	4/3/2008	7	April
3/30/2008	4/12/2008	4/8/2008	4/14/2008	4/17/2008	8	April
4/13/2008	4/25/2008	4/22/2008	4/28/2008	5/1/2008	9	May
4/27/2008	5/10/2008	5/8/2008	5/12/2008	5/15/2008	10	May
5/11/2008	5/24/2008	5/20/2008	5/26/2008	5/29/2008	11	
5/25/2008	6/7/2008	6/3/2008	6/9/2008	6/12/2008	12	June
6/8/2008	6/21/2008	6/17/2008	6/23/2008	6/26/2008	13	June
6/22/2008	7/5/2008	7/1/2008	7/7/2008	7/10/2008	14	July
7/6/2008	7/19/2008	7/15/2008	7/21/2008	7/24/2008	15	July
7/20/2008	8/2/2008	7/29/2008	8/4/2008	8/1/2008	16	August
8/3/2008	8/16/2008	8/12/2008	8/18/2008	8/21/2008	17	August
8/17/2008	8/30/2008	8/26/2008	9/1/2008	9/4/2008	18	September
8/31/2008	9/13/2008	9/8/2008	9/15/2008	9/18/2008	19	September
9/14/2008	9/27/2008	9/23/2008	9/29/2008	10/2/2008	20	October
9/28/2008	10/11/2008	10/7/2008	10/13/2008	10/16/2008	21	October
10/12/2008	10/25/2008	10/21/2008	10/27/2008	10/30/2008	22	
10/26/2008	11/8/2008	11/4/2008	11/10/2008	11/13/2008	23	November
11/9/2008	11/22/2008	11/18/2008	11/24/2008	11/27/2008	24	November
11/23/2008	12/5/2008	12/2/2008	12/8/2008	12/11/2008	25	December
12/12/2008	12/21/2008	12/16/2008	12/22/2008	12/25/2008	26	December
12/22/2008	1/5/2009	12/30/2008	1/5/2009	1/8/2009	1	January
1/4/2009	1/17/2009	1/13/2009	1/19/2009	1/22/2009	2	January

Notes:

TIAA/Cref, savings bonds, credit union and United Way deducted from each pay date of month

Summary

You must maintain and set up your templates in order for charges to post correctly!

Contacts:

- Melissa Gentile 137-4509
Karen Hawthorne 137-4210
90, 92, 93 series funds
- Lisa Ose 137-4119
499, 91, 94 series funds
- Marylin Webb 880-6860
95, 98, and 99 series funds
- Barbara Tuttle 137-4212
Practice plan chargeback employees