

CITY AND COUNTY OF SAN FRANCISCO
Obtained via FOIA by Judicial Watch, Inc.
PAYROLL/PERSONNEL SERVICES DIVISION

PROBLEM DESCRIPTION FORM

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER 5 WORKING DAYS CALL PPSD.

NUMBERS 1 2 & 3 ARE TO BE FILLED OUT BY THE DEPARTMENTAL PAYROLL STAFF

1	EMPLOYEE NUMBER			EMPLOYEE NAME			DEPT. NO.	DEPARTMENT NAME	PAY PERIOD END DATE	
	SOCIAL SECURITY NUMBER	DOB	DOB	LAST	FIRST	MI.				MM
	[REDACTED]			HARRIS,	KAMALA		0	3	City Attorney	12 / 21 / 2002

- TYPE OF ADJUSTMENT REQUIRED
- | | | |
|--|---|---|
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> SYMBOL CHANGE | <input type="checkbox"/> DECEASED |
| <input checked="" type="checkbox"/> UNDERPAYMENT | <input type="checkbox"/> OVERTIME/SPECIAL PAY | <input type="checkbox"/> CANCEL/REISSUE |
| <input type="checkbox"/> OVERPAYMENT | <input type="checkbox"/> TAXES | <input type="checkbox"/> RETRO (Worksheet Required) |
| <input type="checkbox"/> WC/ASSAULT PAY | <input type="checkbox"/> DISABILITY PAY | <input type="checkbox"/> DEDUCTION (specify) |
| <input type="checkbox"/> SDI | <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> OTHER (specify) |

2 BRIEFLY DESCRIBE THE PROBLEM. CLASS 8182 HOURLY RATE 67.1000 SHIFT % RATE _____ (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE WAS PAID. ATTACH PHOTOCOPY OF PAGE APPLICABLE TO THIS PROBLEM FROM REPORT 10.)

Was paid: 40WK = 2684.00 ✓
 HSS CASH = 96.92 ✓
 IMPUTGTL = 4.15 ✓ TOTAL = 2785.07 ✓
 40 X 1 = 0.00

3 BRIEFLY DESCRIBE THE REQUESTED ACTION. (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE SHOULD HAVE BEEN PAID AND WRITE YOUR COMPUTATION.)

Should have been paid:
 80WK = 5368.00 ✓ IMPUTGTL = 4.15 ✓
 HSS CASH = 96.92 ✓ TOTAL = 5469.07 ✓
 Please pay employee \$2684.00 ✓

PREPARED BY Wendy Cheng PHONE NO. 554-4259 DATE 1/3/2002
 APPOINTING OFFICER'S SIGNATURE [Signature] DATE 1/3/2002
PPSD INTERNAL USE ONLY • DO NOT WRITE BELOW THIS LINE

4 PPSD RESPONSE Keenad manual check of \$2684.00

THIS ADJUSTMENT WILL BE PROCESSED ON PAY PERIOD ENDING 1/24/02

PREPARED BY [Signature] PHONE NO. 47822 DATE 1/3/02

5 ADJUSTMENT ACCEPTED/REJECTED EFFECTIVE PAY PERIOD ENDING 1/1

VERIFIED BY _____ DATE _____