



**Ohio Department of
Administrative Services**
DIVISION OF HUMAN RESOURCES
OFFICE OF PAYROLL ADMINISTRATION
30 EAST BROAD STREET
COLUMBUS, OHIO 43266-0405

Bob Taft
Governor

C. Scott Johnson
Director

February 18, 2000

Payroll Letter 688
Reissued

To: Personnel Officers, Payroll Officers, Labor Relations Officers And
Fiscal Officers Of All State Agencies, Departments, Institutions,
Boards and Commissions

From: Robert L. Cruse, State Payroll Administrator
Department of Administrative Services

Subject: Establishing a New Payroll

The following procedures should be followed when a new agency, department, institution, board or commission needs to be established. Information should be sent to Robert L. Cruse unless otherwise indicated.

PROVIDE A PAYROLL NUMBER AND CAS AGENCY CODE - Contact Tammy Hoffman with the Office of Budget and Management (OBM) at 466-2832 for this number.

PROVIDE THE AGENCY NAME AND ADDRESS, AND THE NAMES OF THE EXECUTIVE, PAYROLL, FISCAL, PERSONNEL, LABOR RELATIONS AND EEO OFFICERS

PROVIDE A RETIREMENT SYSTEM ACCOUNT NUMBER - Contact the appropriate Retirement System for this number:

PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)
includes LAW ENFORCEMENT RETIREMENT SYSTEM (LERS)
Jeff Cranston
277 East Town Street
Columbus, Ohio 43215-4642
(614) 466-3679
Fax: (614) 466-5837
E-MAIL: JCRANSON@OPERS.ORG.

STATE TEACHERS RETIREMENT SYSTEM (STRS)
Diane Merkle, Director Employer Reporting
275 East Broad Street
Columbus, Ohio 43215-3771
(614) 227-4050
Toll Free Number: (614) 1-888-535-4050
Fax: (614)227-2912

OHIO STATE HIGHWAY PATROL RETIREMENT SYSTEM
(HPRS)
Richard Curtis
6161 Busch Boulevard, Suite 119
Columbus, Ohio 43229
(614) 466-2268
Fax: (614) 431-9204

PROVIDE A BWC RATE - Send a letter signed by your Appointing Authority to request a public employer account be established with an effective date to the following address: Ohio Bureau of Workers' Compensation, Risk Policy Services, 30 West Spring Street - Level 22, Columbus, Ohio 43215-2256. A copy of the signed legislation which established the agency, board or commission should accompany your request. You may call for assistants at our toll free number 1-800-644-6292 or fax: (614) 644-1680.

PROVIDE A SIGNATURE LETTER - Send a letter to the attention of Robert L. Cruse signed by the Appointing Authority of your agency stating who has signature authority to sign personnel actions, position descriptions, and payroll journals certifications. Include the name, title, address, and signature of designee(s).

COMPENSATORY TIME MAXIMUM for overtime exempt employees cannot exceed 120 hours. You may post the compensatory time maximum on your agency PAYB Screen (see Payroll Letter 680). Please send a letter to the attention of Connie McGrady indicating those positions that will be overtime exempt. As new overtime exempt positions are created, a letter must be submitted to Connie McGrady to notify the Division of Human Resources of the designation.

NEW LINE ITEMS - Contact Tammy Hoffman with OBM at 466-2832.

ACCOUNT CODING - Contact your Budget Analyst at OBM.

FORMS - Listed below are forms you will need for payroll and personnel processing. Those forms which have an ADM designation may be ordered by contacting State Forms Distribution at (614) 466-2396 for the following forms:

Personnel Action, ADM-4100
Position Description, ADM-4107
Request For Leave, ADM-4258
Payroll Certification & Authorization, ADM- 4150
Employee Statement for Determination of Municipal Tax Liability, ADM 0328
W-4
IT-4
Municipal Tax Directory

An initial supply of tax forms as well as the Municipal Tax Directory may be obtained from David Breckenridge. Classification Specifications may be ordered by contacting Gail Lively. The Position Description Classification and Salary Booklet may be ordered from the Department of Administration Services, State Printing at (614) 644-6385. Personnel Action Processing Manuals may be ordered by contacting Connie McGrady.

PAYROLL SUPPORT assistance is available by contacting Ann Halliday.

PERSONNEL ACTION PROCESSING assistance is available by contacting Connie McGrady.

DIVISION OF HUMAN RESOURCES CONTACT PERSONNEL:

Robert L. Cruse, Payroll Administrator
Office of Payroll Administration
Broad Street, 28th Floor
Columbus, Ohio 43266-0405
Fax: (614) 232-1648

David Breckenridge, Manager
Office of Payroll Administration, Payroll Services
Broad Street, 29th Floor
Columbus, Ohio 43266-0405
Fax: (614) 466-1565

Ann Halliday, Supervisor
Office of Payroll Administration, Payroll Support
Broad Street, 29th Floor
Columbus, Ohio 43266-0405
Fax: (614) 466-1565

Debbie Killian, Supervisor
Office of Payroll Administration, Accounting Support
Broad Street, 29th Floor
Columbus, Ohio 43266-0405

Fax: (614) 466-1565

Shelly Richardson, Supervisor
Office of Payroll Administration, Attachment Support
Broad Street, 29th Floor
Columbus, Ohio 43266-0405
Fax: (614) 466-1565

Gail Lively, Manager
Office of Policy Development & Program Management, Classification &
Compensation
Broad Street, 28th Floor
Columbus, Ohio 43266-0405
Fax: (614) 466-5127

Connie McGrady, Manager
Office of Payroll Administration, State Services
30 East Broad Street, 29th Floor
Columbus, Ohio 43266-0405
Fax: (614) 728-0312

Nan Neff, Acting Benefits Administrator
Office of Benefits Administration
106 North High Street, 3rd Floor
Columbus, Ohio 43215
Fax: (614) 728-8700

Steve Gulyassy, Acting Deputy Director
Division of Human Resources
30 East Broad Street, 28th Floor
Columbus, Ohio 43266-0405
Fax: (614) 728-2785

COMPLETE ALL FIELDS ON THE ATTACHED FORM

Please complete the attached form no later than four weeks prior to the establishment of the new payroll. Once the information is received, the Office of Payroll Administration will create the necessary computer records and contact you. Position descriptions and personnel actions cannot be processed until the payroll has been established.

RLC/bc

ESTABLISHING A NEW PAYROLL

AGENCY NAME _____

ADDRESS _____

TELE # _____ **CAS AGENCY CODE** _____

CITY _____ **STATE** _____ **ZIP** _____

EXECUTIVE OFFICER _____ **FISCAL OFFICER** _____

PERSONNEL OFFICER _____ **PAYROLL OFFICER** _____

LABOR REL OFFICER _____ **EEO OFFICER** _____

PAYROLL NUMBER _____ **EFFECTIVE PAY PERIOD** _____

RETIREMENT SYSTEM ACCOUNT NUMBER:

PERS _____ **STATE TEACHERS RETIREMENT SYSTEM** _____

LEERS _____ **HIGHWAY PATROL RETIREMENT SYSTEM** _____

COMP TIME MAXIMUM (CANNOT EXCEED 120 HOURS) _____

Copy of Legislation authorizing the establishment of the agency is attached.

Copy of BWC Letter with rate is attached.

Copy of Retirement System Letter with account is attached.

Signature letter is attached.

Form completed by _____ Date _____

Appointing Authority _____ **Date** _____