
Ohio Department of Administrative Services
Bob Taft, *Governor*
Scott Johnson, *Director*

Human Resources Division
Payroll Administration
30 East Broad Street, 29th Floor
Columbus, Ohio 43215-3414

614.466.6915 voice
614.232.1653 fax
www.state.oh.us/das/hrd/payroll



June 7, 2005

Payroll Letter 880
Supersedes Payroll Letter 771

To: HR Administrators, Payroll Officers, Personnel Officers, Fiscal Officers,
Labor Relations Officers, and EEO Officers of All Departments,
Institutions, Boards and Commissions

From: Dan R. Parks, State Payroll Administrator

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 DAS HRD Office of Payroll Administration, unless otherwise indicated.

PROVIDE A PAYROLL NUMBER AND CAS AGENCY CODE

Contact Michelle Williams with the Office of Budget and Management (OBM) at (614) 466-2832 for this information.

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

Specify this information using the attached form.

PROVIDE A RETIREMENT SYSTEM ACCOUNT NUMBER

Contact the appropriate Retirement System for this number:

Ohio Public Employee Retirement System (OPERS)
Includes Law Enforcement Retirement System (LERS)
Jeff Cranston
277 East Town Street
Columbus, Ohio 43215-4642
(614) 225-1445
Fax: (614) 466-5837
E-MAIL: JCRANSON@OPERS.ORG

State Teachers Retirement System (STRS)
Kevin Devries, Director Employer Reporting
275 East Broad Street
Columbus, Ohio 43215-3771
(614) 227- 5239
Toll Free Number: 1-888-535-4050
Fax: (614) 227-2912
E-MAIL: devriesk@STRSOH.ORG

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 assistance at our toll free number 1-800-644-6292 or fax: (614) 644-1680.

PROVIDE A SIGNATURE LETTER

Send a letter to both DAS HRD Office of Payroll Administration and DAS HRD Human Resources Support Center, signed by the Appointing Authority of your agency, stating who has signature authority to sign Personnel Actions, Position Descriptions, and Payroll Disbursement Journal Certifications. Include the name, title, address, and signature of designee(s).

COMPENSATORY TIME MAXIMUM

Employees who are overtime exempt cannot exceed 120 hours. You may post the compensatory time maximum on your agency PAYB Payroll Header Screen (see Payroll Letter 680). Please send a letter to DAS HRD Human Resources Support Center indicating those positions that will be overtime exempt, or when new overtime exempt positions are created.

NEW LINE ITEMS

Contact Michelle Williams with OBM at (614) 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.

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 the Office of Payroll Administration. Classification Specifications may be ordered by contacting the Office of Classification & Compensation. Personnel Action Processing Manuals may be ordered by contacting the Human Resources Support Center.

DAS HUMAN RESOURCES DIVISION - CONTACT PERSONNEL

Dan R. Parks, State Payroll Administrator
Office of Payroll Administration
30 East Broad Street, 29th Floor
Columbus, Ohio 43215-3414
Fax: (614) 387-6058

Debbie Killian, Supervisor
Office of Payroll Administration, Payroll Accounting
30 East Broad Street, 29th Floor
Columbus, Ohio 43215-3414
Fax: (614) 466-1565

Shelly Richardson, Supervisor
Office of Payroll Administration, Payroll Attachments
30 East Broad Street, 29th Floor
Columbus, Ohio 43215-3414
Fax: (614) 466-1565

Christine Thompson, Administrator
Policy Development Office
100 East Broad Street, 15th Floor
Columbus, Ohio 43215
Fax: (614) 466-5127

Steven M. Gray, Administrator
Office of Classification & Compensation
100 East Broad Street, 15th Floor
Columbus, Ohio 43215
Fax: (614) 644-5360

Alphrena Prince, Administrator
Human Resources Support Center
30 East Broad Street, 28th Floor
Columbus, Ohio 43215-3414
Fax: (614) 728-0312

Nan Neff, Benefits Administrator
Benefits Administration Services Office
30 East Broad Street, 28th Floor
Columbus, Ohio 43215-3414
Fax: (614) 728-3002

Clare N. Long, Deputy Director
Deputy Director's Office, Division of Human Resources
100 E. Broad Street, 15th Floor
Columbus, Ohio 43215
Fax: (614) 728-2785

COMPLETE ALL INFORMATION 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.

DRP/cp
attachment

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** _____