FOR OFFICIAL USE ONLY - PRIVACY ACT DATA

CYCLE R INSTL DP 10:32:24 NAF PAYROLL TIME AND ATTENDANCE DATE 2001/08/20 PAGE 3

STA TRANSACTIONS ERROR LIST

PAY PERIOD ENDING 2001/08/15

Z3ZRDPE1582 [redacted] 0000000000000000000000000000000000 0000000000000000000 [redacted]

EMPLOYEE REQUIRES 01-14 INT DAYS/WEEKS WRKD

Z3ZRDPE1582 [redacted] 0000000000000000000000000000000000 0000000000000000000 [redacted]

EMPLOYEE REQUIRES 01-14 INT DAYS/WEEKS WRKD

Z31RDP13977 [redacted] 00000 000 0000000000000000000000000000000000000000000 [redacted]

TYP EMP CD NOT ENTITLED TO AWOP HRS

Z31RDP13977 [redacted] 00000 000 0000000000000000000000000000000000000000000 [redacted]

TYP EMP CD NOT ENTITLED TO AWOP HRS

Z31RDP13977 [redacted] 00000 000 0000000000000000000000000000000000000000000 [redacted]

TYP EMP CD NOT ENTITLED TO AWOP HRS

Z3ZRDP14261 [redacted] 0000470500000000000000000 0000000000000079000 [redacted]

TYP POS CD ENTITLED ONLY TO 1ST SHIFT REGULAR HRS

FOR OFFICIAL USE ONLY - PRIVACY ACT DATA

PO Box 6111, Texarkana TX 75505-6111
Commercial: 903-334-5075 DSN: 829-5075
Data Fax: 903-334-3412 DSN: 829-3412

NAF Financial Services

made copies
sent to
activities 8/21/01
WS

Fax

To: DP
[redacted]

From: [redacted], Chief
Payroll Operations Branch

Fax: DSN [redacted]
Pages: H+ 1
Phone: DSN [redacted], ext. [redacted]
Date: 8/20/01
Re: STA TRANSACTION ERRORS
CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

The attached listing details errors encountered once your transmitted data was processed through our time card edits. The errors are usually due to incorrect pay policies, incorrect pay groups, or STA clerk error. Please make the necessary corrections to prevent the errors from occuring in future pay periods.

NONAPPROPRIATED FUNDS TIME AND ATTENDANCE REPORT

TOUR OF DUTY FROM	TO	DAY	SH CD	REGULAR HOURS 1st	2nd	3rd	ND	OVERTIME 1st	2nd	3rd	SUNDAY 1st	2nd	3rd	HOLIDAY SH	WORK	LEAVE	LEAVE ANNUAL	SICK	LEAVE COMP	FLEX DAY/WK
0930	1800	THU	1	8.00																
1630	0100	FRI	1	8.00			6.50													
1200	2030	SAT	1	8.00			2.50													
0900	1730	SUN	1	8.00							8.00									
1400	2230	MON	1	8.00			4.00													
		TUE																		
		WED																		
FIRST WEEK TOTAL			1	40.00			13.00				8.00								40.00	
0930	1800	THU	1	8.00																
1630	0100	FRI	1	8.00			6.50													
1330	2200	SAT	1	8.00			3.50													
		SUN																		
		MON																		
0930	1800	TUE	1	8.00																
0700	1530	WED	1	8.00																
SECOND WEEK TOTAL			1	40.00			10.00												40.00	
PAY PERIOD TOTAL			1	80.00			23.00				8.00								80.00	
CORRECTIONS																				

REMARKS

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SUPERVISOR SIGNATURE

ALTON VIRGILIO

SUPERVISORS NAME PRINTED

(732) 532-4520

PHONE

R	DP	143G101	[redacted]	0	[redacted]	80	NF	1	L	E	20010815
CYC	INSTL	WORK CENTER	SSN	DUAL	EMPLOYEE NAME	BS HRS	PP	TE	LV	FLSA	PAY PERIOD

DA FORM 4850

NONAPPROPRIATED FUNDS TIME AND ATTENDANCE SUPPLEMENT REPORT

TOUR OF DUTY FROM	TO	DAY	SH CD	AWOP CD	HRS	OTH LV CD	HRS/DAYS	MIL DYS	LV AC CD	ENV/HAZ PAY CD	HRS	CD	HRS	RESTORED LEAVE ACCT1	ACCT2	ACCT3	BRAC LV	COMPENSATORY HRS WRKD	LV TAKEN
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
FIRST WEEK TOTAL																			
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
SECOND WEEK TOTAL																			
PAY PERIOD TOTAL																			

REMARKS

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SUPERVISOR SIGNATURE

ALTON VIRGILIO

SUPERVISORS NAME PRINTED

(732) 532-4520

PHONE

R	DP	143G101	[redacted]	0	[redacted]	20010815
CYC	INSTL	WORK CENTER	SSN	DUAL	EMPLOYEE NAME	PAY PERIOD

DA FORM 4850-1-R

MORALE, WELFARE & RECREATION FUND - 8/16/2001 8:40