

STATE OF KANSAS
SHARP EMPLOYEE DATA SHEET
PART A – PERSONAL, JOB, EMPLOYMENT AND TIME & LEAVE DATA

ACTION	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Correct <input type="radio"/> Delete
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EFFECTIVE DATE	
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EMPL. ID

DEPARTMENT NAME

DEPT. ID

EMPL. RCD. NBR.

POSITION NBR.

PERSONAL DATA 1

NAME (Last, First, MI)		PREFIX	<input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Mrs
SOCIAL SECURITY NUMBER		ORIGINAL HIRE DATE	
<input type="radio"/> HOME ADDRESS <input type="radio"/> MAILING ADDRESS		COUNTY	
ADDRESS 1		COUNTRY	
ADDRESS 2		HOME PHONE	
CITY		OTHER PHONE NUMBERS	
STATE		TYPE	NUMBER
ZIP			

PERSONAL DATA 2

GENDER	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown	MARITAL STATUS	
HIGHEST EDUCATION LEVEL		MARITAL STATUS DATE	
BIRTHDATE		DATE OF DEATH	
REFERRAL SOURCE		CITIZENSHIP STATUS	
ETHNIC GROUP		EMPLOYMENT ELIGIBILITY PROOF	1.
MILITARY STATUS			2.
DATE ENTITLED TO MEDICARE		MED A EFFECTIVE DATE	
MEDICARE NUMBER		MED B EFFECTIVE DATE	

(Required Agency Authorization Signature)

(Date)

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

JOB DATA 1

EFFECTIVE DATE		EFFECTIVE DATE SEQUENCE	
ACTION CODE		REASON CODE	
POSITION NUMBER		TAX LOC.	
JOB CODE (Defaults from Position Data)			

JOB DATA 2

FICA STATUS	
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JOB DATA 3

GRADE/STEP		RATING SCALE	<i>SOK</i>
COMPENSATION RATE (unclassified positions only)		ANNUAL BENEFIT BASE RATE	

JOB DATA 4

EMPLOYMENT STATUS	<input type="radio"/> Probation <input type="radio"/> Permanent <input type="radio"/> Trainee <input type="radio"/> Not Applicable	PROBATION END DATE	
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BENEFIT PROGRAM PARTICIPATION

PROGRAM EFFECTIVE DATE		ELIGIBILITY CONFIG	
BENEFIT PROGRAM		FIELD 2	

(Required Agency Authorization Signature)

(Date)

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

EMPLOYMENT DATA 1

DATE LAST LONGEVITY BONUS	DATE LAST WORKED
DATE NEXT INCREASE	EXPECTED RETURN DATE
BENEFIT RECORD NUMBER	BUSINESS TITLE

EMPLOYMENT DATA 2

LENGTH OF SERVICE ADJUSTMENTS	Add Years _____	Subtract Years _____
	Add Days _____	Subtract Days _____
PERB	PHONE NUMBERS	
EFFECTIVE DATE	PHONE TYPE	
PERB UNIT	NUMBER	

EMPLOYEE REVIEW

***Please attach a copy of the front page of the review.**

REVIEW DATE		REVIEW TYPE	
FROM/TO DATE	From:	NEXT REVIEW DATE	
	To:	REVIEW RATING	
REVIEWER ID			
COMMENTS (Number of Feedback Sessions):			

 (Required Agency Authorization Signature)

 (Date)

DEPT. ID

EMPL. ID

EMPL. NAME

EMPL. RCD. NBR.

LEAVE ACCRUALS

***This section is to be used only when there is a change in the CTLA (i.e. adjustment completed).**

SICK	Increase or Decrease _____	Correct Balance _____	Reason:
VACATION	Increase or Decrease _____	Correct Balance _____	Reason:
DISCRETIONARY DAY	Increase or Decrease _____	Correct Balance _____	Reason:
COMP TIME	Increase or Decrease _____	Correct Balance _____	Reason:
HOLIDAY COMP TIME	Increase or Decrease _____	Correct Balance _____	Reason:
MILITARY	Increase or Decrease _____	Correct Balance _____	Reason:

PRIOR PERIOD NON PAY AFFECTING ADJUSTMENTS

- Step 1: Identify which pay period needs to be adjusted.**
- Step 2: Enter earning code that is being adjusted along with the corresponding positive or negative value. (Example: SCK-8 and VAC+8 when vacation should have been recorded instead of sick leave.)**
- Step 3: Enter each code that needs adjusting on a separate line.**
If more than one employee needs adjusting, please submit additional sheets.

PAY PERIOD END DATE TO BE ADJUSTED	
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Earn Type	WEEK 1							WEEK 2						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat

(Required Agency Authorization Signature)

(Date)

STATE OF KANSAS

SHARP EMPLOYEE DATA SHEET

PART B – EARNINGS AND DEDUCTION DATA

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

FEDERAL TAX DATA

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ACTION</td> <td><input type="radio"/> Add <input type="radio"/> Change</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">SPECIAL TAX STATUS</td> </tr> <tr> <td><input type="radio"/> None <input type="radio"/> Maintain taxable gross; FWT will be zero unless specified on additional withholding (exempt)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ADDITIONAL WITHHOLDINGS</td> </tr> <tr> <td style="text-align: center;">AMOUNT</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">% OF FED TAX GROSS</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	ACTION	<input type="radio"/> Add <input type="radio"/> Change	SPECIAL TAX STATUS	<input type="radio"/> None <input type="radio"/> Maintain taxable gross; FWT will be zero unless specified on additional withholding (exempt)	ADDITIONAL WITHHOLDINGS	AMOUNT	OR	% OF FED TAX GROSS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">EFFECTIVE DATE</td> <td style="width: 50%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TAX MARITAL STATUS</td> <td><input type="radio"/> Single <input type="radio"/> Married</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">WITHHOLDING ALLOWANCES</td> <td style="width: 30%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">EARNED INCOME CREDIT</td> </tr> <tr> <td><input type="radio"/> Not Applicable <input type="radio"/> Single, or Married without spouse filing <input type="radio"/> Married with both spouses filing</td> </tr> </table>	EFFECTIVE DATE		TAX MARITAL STATUS	<input type="radio"/> Single <input type="radio"/> Married	WITHHOLDING ALLOWANCES		EARNED INCOME CREDIT	<input type="radio"/> Not Applicable <input type="radio"/> Single, or Married without spouse filing <input type="radio"/> Married with both spouses filing
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STATE TAX DATA

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LOCAL TAX DATA

LOCALITY	
	LOCAL WITHHOLDING ALLOWANCES
<input type="radio"/> RESIDENT?	

 (Required Agency Authorization Signature)

 (Date)

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

BASIC DEDUCTIONS

GROUP TERM LIFE/LONG TERM DISABILITY INSURANCE:

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE	DEDUCTION END DATE

STATE LEAVE PAYMENT ASSESSMENT:

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE
	STLEAV	

WORKERS COMPENSATION INSURANCE (Employer Contribution): (Note: Leave blank if exempt).

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE	DEDUCTION END DATE
	WCI		

ADDITIONAL DEDUCTIONS

RETIREMENT PLANS:

PLAN TYPE <input type="radio"/> KPERS <input type="radio"/> TSA	DEDUCTION BEGIN DATES	PARTICIPATION ELECTION <input type="radio"/> Elect <input type="radio"/> Waive <input type="radio"/> Terminate
BENEFIT PLAN	DEDUCTION END DATES	
ELECTION DATE		

UNITED WAY: (Deduction Calc. Routine = Flat Amount)

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE	DEDUCTION END DATE	FLAT/ADDL AMOUNT
GOAL AMOUNT				

ORGANIZATION DUES:

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE	DEDUCTION END DATE

AGENCY MAINTENANCE: (Deduction Calc. Routine = Flat Amount)

ACTION <input type="radio"/> Add <input type="radio"/> Change	DEDUCTION CODE	EFFECTIVE DATE	DEDUCTION END DATE	FLAT/ADDL AMOUNT

 (Required Agency Authorization Signature)

 (Date)

PART B – EARNINGS AND DEDUCTION DATA

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

SAVINGS BONDS

Note: If requesting multiple bonds, a separate page will need to be completed for each bond.

ACTION	<input type="radio"/> Add Deduction <input type="radio"/> Change Deduction Amount <input type="radio"/> Cancel Deduction	EFFECTIVE DATE	
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DEDUCTION CODE	DEDUCTION END DATE	FLAT/ADDL AMOUNT
US BOND		

(Deduction Calc. Routine = Flat Amount)

DEPENDENT/BENEFICIARY INFORMATION:

ACTION	<input type="radio"/> Add New <input type="radio"/> Change Data		
NAME (Last, First, MI)			
ADDRESS 1			
ADDRESS 2			
CITY			
STATE		ZIP	
RELATIONSHIP		SEX	<input type="radio"/> Male <input type="radio"/> Female
MARITAL STATUS			
SSN			

ACTION	<input type="radio"/> Add New <input type="radio"/> Change Data		
NAME (Last, First, MI)			
ADDRESS 1			
ADDRESS 2			
CITY			
STATE		ZIP	
RELATIONSHIP		SEX	<input type="radio"/> Male <input type="radio"/> Female
MARITAL STATUS			
SSN			

BOND SPECIFICATIONS:

EFFECTIVE DATE	PRIORITY	DENOMINATION
		<input type="radio"/> \$100 <input type="radio"/> \$200 <input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$5,000 <input type="radio"/> \$10,000

BOND OWNER:

<input type="radio"/> EMPLOYEE OR <input type="radio"/> DEPENDENT
OWNER NAME

OTHER REGISTRANT

<input type="radio"/> None <input type="radio"/> Co-owner <input type="radio"/> Beneficiary

<input type="radio"/> EMPLOYEE OR <input type="radio"/> DEPENDENT
CO-OWNER OR BENEFICIARY NAME

PORTION OF DEDUCTED AMOUNT:

FLAT AMOUNT		OR	PERCENT OF DEDUCTION		<input type="radio"/> EXCESS <input type="radio"/> PARTIAL ALLOWED
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(Required Agency Authorization Signature)

(Date)

PART B – EARNINGS AND DEDUCTION DATA

DEPT. ID	EMPL. ID	EMPL. NAME	EMPL. RCD. NBR.

VOLUNTARY TAX SHELTERED ANNUITY

ACTION	<input type="radio"/> Add <input type="radio"/> Change <input type="radio"/> Cancel	DEDUCTION BEGIN DATE	DEDUCTION END DATE	BENEFIT PLAN
BEFORE TAX INVESTMENT				
<input type="radio"/> Flat Amount		<input type="radio"/> Percent of Gross		

ADDITIONAL PAY

ACTION	<input type="radio"/> Add <input type="radio"/> Change	EFFECTIVE DATE	EARNINGS CODE
OVERRIDES TO JOB DATA:			
ADDL SEQ NO.	HOURS	HOURLY RATE	EARNINGS
EARNINGS END DATE	GOAL AMOUNT		
APPLIES TO PAY PERIODS:	<input type="radio"/> First	<input type="radio"/> Second	<input type="radio"/> Third
CHARGE ADDITIONAL PAY TO:			
DEPARTMENT		JOB CODE	
POSITION NO.		GL PAY TYPE	
POSITION POOL ID			

PAYCHECK MAILING OPTIONS

<input type="radio"/> Mail to Home Address <input type="radio"/> Mail to Mailing Address <input type="radio"/> Mail to Check Address				
CHECK ADDRESS:				
ADDRESS 1				
ADDRESS 2				
CITY		STATE		ZIP
COUNTRY				

(Required Agency Authorization Signature)

(Date)