

Request to **Add New Income**

	Company Code:	_ New Client
Company Legal Name:	DBA:	
Requester Name:	Date:	
INCOME DETAILS		
Income Name:		
Income Type: Inco	me Frequency:	
Is OT earned/paid for this item?		
Will this income item pay salaried employees?		
Should this income be included in regular rate of p (If <u>Yes</u> , please attach an explanation of how this income		
Should this income be used in a fluctuating workw	eek calculation?	
Is the Income item subject to: Federal withholding (W-2 Box 1) State withholding (W-2 Box 16) Medicare (W-2 Box 5) Please identify any additional W-2 reporting both	Social Security (W-2 Box 3) Federal & State Unemployment Oxes for this item	
If using APS Attendance console only:		
Is this item used in a Time Off Request?		
Is this item associated with an Accrual Plan?	If Yes, what is the Accrual Plan name?	
INCOME UTILIZATION / ACCESSIBILITY		
Where/to whom should this income be visible?	_	
APS OnLine – User to add to Time Card		
If using APS Attendance console only:		
MSS – Manager can add to Time Card eSS – Employee can add to Time Card	_ _	
μ.γ		
THIS SECTION FOR INTERNAL USE ONLY		
Requesting AM	Date	