

FORM 2240

REFRESHER GUIDE

This document is intended as a refresher for the manual preparation of a PS Form 2240 "Pay, Leave, or Other Hours Adjustment Request," to adjust an employee's pay record.

There will be situations where you cannot use the automated web-based "Adjustpay" application to adjust an employee's pay record. When these situations occur, a manually prepared PS Form 2240 must be forwarded to the Imaging Center for manual adjustment to the employee's pay. There is a minimum amount of information required on the PS Form 2240 to allow the Eagan ASC to correctly identify the correct employee's record, and the pay changes needed should be submitted in the proper format. The pages that follow will assist you in correctly completing a PS Form 2240 for submission.

Prior to preparing a manual PS Form 2240, please verify that your transaction truly cannot be completed through the Adjustpay system. These types of transactions will include:

- Adjustment is for an off-line pay period
- Terminated employee
- Transactions that result in a reduction of more than 15% of the employee's pay
- Pay record has been "locked" by the Eagan ASC
- Sensitized employee record
- Advanced Sick Leave is being requested at the same time the adjustment to hours is needed
- Deceased employee owed hours for past pay period

Once you've verified that your transaction cannot be completed on-line, please use the guideline on the pages that follow to submit your request for adjustment to the employee's pay record to the Imaging Center.

Form 2240

U.S. Postal Service										Date																																																											
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Salary Advance Adjustment Information										Processed Year/PP																																																											
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The hours to be adjusted are entered on the PS Form 2240 after the indicative data is completed. The hours must always crossfoot to 40. This is the same as the hour's crossfoot on a Time Card. The PS Form 2240 shows which hours are "+" hours and which hours are "-" hours to the crossfoot.

Example:

Form 2240 requests addition of 10.00 Code "53"

This could mean:

#1 40 work (Code 52) and
 10 overtime (Code 53)
 (This would not crossfoot)

or it could mean:

#2 40 work and
 10 overtime and
 10 LWOP
 (This would crossfoot)

In #1 the workhours would need to be changed to 50 to cause the employee to be paid for 10 hours of overtime.

In #2 it is clear that the employee should have 10 hours of LWOP in addition to the overtime.

Manually completed Forms 2240 are to be submitted to the Scanning and Imaging Center with appropriate signatures. The supervisor may sign as both the Adjustment Clerk and the Approving Officer.

Note: If the local policy is to have the next higher level sign the Form 2240, please continue with that requirement.

Remarks on the Form 2240 should confirm what is in the grid.

PS Form 2240 examples

U.S. Postal Service										Date																																						
Pay, Leave, or Other Hours Adjustment Request																																																
Salary Advance Adjustment Information										Processed Year/PP																																						
Finance No.*	Year	PP	Week	Amount of Advance \$	Cause Code																																											
*On salary advance adjustment information, furnish the finance no. of issuing office if different than office requesting the adjustment.																																																
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John Q. Payroll				110				P 0 5	123456123456789	20	2	1																																				
The hours that you are requesting be changed should be shown in the grid portion and the remarks when short comments are not practical. (W/P = was paid, S/B = should be paid) Remember, always show all hours. A correct PS Form 2240 should look like this. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>62</td> <td>Guar. Time +</td> <td>Card Type</td> <td>62</td> <td>Work Hours +</td> </tr> <tr> <td></td> <td></td> <td>0</td> <td></td> <td>5600</td> </tr> <tr> <td>68</td> <td>Guar. O.T.</td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">CARD TYPE</td> <td>53</td> <td>Overtime</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1600</td> </tr> <tr> <td>72</td> <td>Sunday Prem. Hrs.</td> <td>64</td> <td>Night Work</td> </tr> <tr> <td></td> <td>800</td> <td></td> <td>1500</td> </tr> <tr> <td>76</td> <td>Non. Sched. X FT Hr. +</td> <td></td> <td>65</td> <td>Annual Leave +</td> </tr> <tr> <td></td> <td></td> <td></td> <td>66</td> <td>Sick Leave +</td> </tr> </table>												62	Guar. Time +	Card Type	62	Work Hours +			0		5600	68	Guar. O.T.	CARD TYPE	53	Overtime				1600	72	Sunday Prem. Hrs.	64	Night Work		800		1500	76	Non. Sched. X FT Hr. +		65	Annual Leave +				66	Sick Leave +
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U.S. Postal Service										Date	
Pay, Leave, or Other Hours Adjustment Request											
Salary Advance Adjustment Information											
Finance No.*		Year	PP	Week	Amount of Advance \$		Cause Code		Processed Year/PP		
*On salary advance adjustment information, furnish the finance no. of issuing office if different than office requesting the adjustment.											
For Higher Level Adjustments Page 1 of 2											
Employee's Name				D/A		Level	Finance No.	Social Security No.	Yr.	PP	Wk.
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57 Holiday Work		58 Holiday Leave		59 Part Day WOP		60 Full Day WOP		61 Court Leave		62 Other Time	
										Card Type	
										0 3200	
63 Guar. O.T.		64 Night Work		65 Annual Leave		66 Sick Leave		67 Overtime		68 Non-Sched. X FT Hr.	
69 HL Corrl. Code		90 91 RSC LEVEL		92 H/L LD		93 Dual D/A					
For MSC Use						For PDC Use Only					
CD	Level	Stop	RSC	Annual Salary (Minus COLA)		Hourly COLA	Special Salary	S/P Code	COLA Roll-in	PLSA Exempt Code	O.T. ELIG Code
A											
Remarks											
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Return to: (issuing Office complete this block)								Employee's Signature and Date			
Submitting Office Address and Telephone number of Approving Officer								John Payroll			
								Adjustment Clerk's Signature and Date			
								Supervisor's signature			
								Approving Officer's Signature and Date			
								Approving Officer signature			

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Appendixes

V.E. HOURS CODE DEFINITIONS

Hours code:	A/S/N *	Description
024	A	AWOL
028	N	Holiday/ Annual leave
030	A	Full LWOP hours System generated
031	A	Partial LWOP hours System generated
032	N	Teletime
033	N	Guarantee Teletime
034	N	Beeper Time
035	S	Extra Straight Time (EAS % Special Exempt)
036	N	Guarantee Tele overtime
038	N	Extra 50% premium
039	N	Extra 100% premium
043-00	S	Penalty overtime
044-00	A	Military LWOP
045-00	A	Family leave share
046-00	A	Donated leave
048-00	N	Holiday scheduling premium
049-00	A	OWCP LWOP hours
049-99	A	FMLA OWCP LWOP hours
052-00	A	Work hours
053-00	S	Overtime
054-00	N	Nightwork
055-00	A	Annual leave
055-99	A	Annual leave - FMLA
056-00	A	Sick leave
056-97	A	Sick leave – dependant care
056-98	A	Sick leave – FMLA dependant care
056-99	A	Sick leave - FMLA
057-00	S	Holiday work
058-00	A	Holiday leave

Hours code:	A/S/N *	Description
059-00	A	Partial day LWOP
059-99	A	Partial day LWOP – FMLA
060-00	A	Full day LWOP
060-99	A	Full day LWOP – FMLA
061-00	A	Court leave
062-00	A	Guarantee time
063-00	S	EAS/TE emp crossfoot
065-00	N	Meeting time
066-00	A	Convention leave
067-00	A	Military leave
068-00	S	Guarantee overtime
069-00	A	Blood donor leave
070-00	N	Stewards duty time
071-00	A	Continuation of pay leave
071-99	A	COP – FMLA
072-00	N	Sunday premium
073-00	N	Out of schedule premium
074-00	S	Christmas work
075-00	A	Loaned to hours
076-00	A	Non-scheduled time
077-00	A	Civil defense leave
078-00	A	Act of nature leave
079-00	A	Nat/Loc Admin leave
080-00	A	Relocation leave
081-00	A	Civil disorder leave
082-00	N	Travel inside of schedule
083-00	N	Travel outside of schedule
084-00	A	Union official LWOP
085-00	A	Voting leave
086-00	A	Other paid leave
088-00	N	Non-bargaining reschedule premium
089-00	N	Postmaster org leave

* "A" means hours are added to the crossfoot, "S" hours are subtracted from the crossfoot, and the "N" hours have no effect.

EAGAN ACCOUNTING SERVICE CENTER
CALENDAR YEAR 2002
ACCOUNTING & PAY SCHEDULE

LISTED BELOW IS A SCHEDULE OF CALENDAR AND POSTAL QUARTERS FOR CALENDAR YEAR 2002, INCLUDING ACCOUNTING PERIODS, PAY PERIODS, INCLUSIVE DATES, HOLIDAYS, PAYDAYS, LEAVE PERIODS, AND UNION DUES PERIODS.

PQ	WQ	AP	PAY PERIOD	INCLUSIVE DATES	HOLIDAYS	PAY DAYS	LEAVE PERIOD
II	II	04	01	Dec 15, 01 - Dec 28, 01	T 12/25	Jan 04, 02	25
II	II	05	*02	Dec 29, 01 - Jan 11, 02	T 01/01	Jan 18, 02	26
II	II	05	03	Jan 12, 02 - Jan 25, 02	M 01/21	Feb 1, 02	01

II	III	06	*04	Jan 26, 02 - Feb 08, 02		Feb 15, 02	02
II	III	06	05	Feb 09, 02 - Feb 22, 02	M 02/18	Mar 01, 02	03

III	III	07	*06	Feb 23, 02 - Mar 08, 02		Mar 15, 02	04
III	III	07	07	Mar 09, 02 - Mar 22, 02		Mar 29, 02	05
+++++							
III	III	08	*08	Mar 23, 02 - Apr 05, 02		Apr 12, 02	06
III	III	08	09	Apr 06, 02 - Apr 19, 02		Apr 26, 02	07

III	IV	09	*10	Apr 20, 02 - May 03, 02		May 10, 02	08
III	IV	09	11	May 04, 02 - May 17, 02		May 24, 02	09

IV	IV	10	*12	May 18, 02 - May 31, 02	M 05/27	Jun 07, 02	10
IV	IV	10	13	Jun 01, 02 - Jun 14, 02		Jun 21, 02	11
+++++							
IV	IV	11	14	Jun 15, 02 - Jun 28, 02		Jul 05, 02	12
IV	IV	11	*15	Jun 29, 02 - Jul 12, 02	TH 07/04	Jul 19, 02	13
IV	IV	12	16	Jul 13, 02 - Jul 26, 02		Aug 02, 02	14
IV	IV	12	*17	Jul 27, 02 - Aug 09, 02		Aug 16, 02	15

IV	I	13	18	Aug 10, 02 - Aug 23, 02		Aug 30, 02	16
IV	I	13	*19	Aug 24, 02 - Sep 06, 02	M 09/02	Sep 13, 02	17

I	I	01	20	Sept 07, 02 - Sep 20, 02		Sep 27, 02	18
+++++							
I	I	01	*21	Sep 21, 02 - Oct 04, 02		Oct 11, 02	19
I	I	02	22	Oct 05, 02 - Oct 18, 02	M 10/14	Oct 25, 02	20
I	I	02	*23	Oct 19, 02 - Nov 01, 02		Nov 08, 02	21

I	II	03	24	Nov 02, 02 - Nov 15, 02	M 11/11	Nov 22, 02	22
I	II	03	25	Nov 16, 02 - Nov 29, 02	TH 11/28	Dec 06, 02	23

II	II	04	*26	Nov 30, 02 - Dec 13, 02		Dec 20, 02	24
+++++							
II	II	04	01	Dec 14, 02 - Dec 27, 02	W 12/25	Jan 03, 03	25
II	II	05	*02	Dec 28, 02 - Jan 10, 03	W 01/01	Jan 17, 03	26

++++ Calendar Qtr. Chg.***

www WCI Qtr Chg.**

* Union Dues Period - Dues deductions for employees who have authorized them, are made the first pay period which end in each month, with the exception of NALC, APWU, FPPO, NHHU and NRCA.

****WCI Chargeback quarters begin one A/P prior to a new Postal Quarter.**

Revised: 05/15/01

LISTED BELOW IS A SCHEDULE OF CALENDAR AND POSTAL QUARTERS FOR CALENDAR YEAR 2003, INCLUDING ACCOUNTING PERIODS, PAY PERIODS, INCLUSIVE DATES, HOLIDAYS, PAYDAYS, LEAVE PERIODS, AND UNION DUES PERIODS.

==== Postal Quarter Chg +++++ Calendar Qtr. Chg.*** wwwwww WCI Qtr Chg.**

Revised: 01/01/02

Submission of PS Form 2240:

The 2240 should be placed on top of any additional documentation. A copy of the document should be kept on file locally. No original documents such as time cards or pay stubs should be attached to the 2240; attach only photocopies.

Please forward the completed and signed PS Form 2240 to the Imaging Center.



Pay, Leave, or Other Hours Adjustment Request

Salary Advance Adjustment Information

Issuing Finance No.	Year	PP	Week	Cause Code **	Amount of Advance \$	Cash, Check No. or Money Order No.
				** 1 - Salary Check Not Received. 2 - Salary Check Substantially Less than Net Amount Due.		

I hereby certify that I have received a salary advance of the above amount. I authorize the USPS to recover this amount in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt.

Employee Signature and Date:

To: •

Processed by

Year	PP
ADJ Code	Reason Code

Employee's Name	D/A	RSC	Level	Finance No.	Social Security No.	Yr.	PP	Wk.
Card Type <u>1230 Only</u> Work or Leave Hours 0 <u>1230-C Only</u> New Employee or Replacement Card 1 Higher Level 2 Card Type Must Be Entered at Right and Must Match the Original Record Paid.	57 Holiday Work -	58 Holiday Leave +	59 Part Day LWOP +	60 Full Day LWOP +	61 Court Leave +	62 Guar. Time +	Card Type	52 Work Hours +
	43 Penalty Overtime -		65 Meeting Time	66 Convention Leave +	67 Military Leave +	68 Guar. O.T.	CARD TYPE ↑	53 Overtime
								54 Night Work
	69 Blood Donor Leave +	70 Stewards Duty Time	71 Cont. of Pay	49 LWOP on OWCP +	73 Out of Schedule	72 Sunday Prem. Hrs.		55 Annual Leave +
	74 Christmas Work					76 Non. Sched. X FT Hr. +		56 Sick Leave +
	98 HL Cont. Code	90 91 RSC LEVEL	93 H/L LD	95 Dual D/A				

Remarks

Return to: (Issuing office complete this information)

Employee's Signature and Date

Adjustment Clerk's Signature and Date

Approving Officer's Signature and Date

