SOFTWARE CHANGE REQUEST
TO BE COMPLETED BY REQUESTING OFFICIAL
(COMPLETE BLOCKS 1 – 14 FOR ALL TYPES OF REQUESTS)

1. DEPARTMENT/AGENCY	2. AGENCY CONTROL /TRACKING NUMBER	3. DATE OF REQUEST

AUTHORIZED REQUESTING OFFICIAL	CONTACT PERSON
4. NAME/TITLE	7. NAME/TITLE
5. E-MAIL ADDRESS	8. E-MAIL ADDRESS
6. PHONE NUMBER	9. PHONE NUMBER

Note: All requests submitted must go through an initial review. The Functional Requirements Document (FRD) must be created, and if required, an Interagency Agreement (IA.) Once these steps are completed, and the FRD and IA have been signed and returned to NFC, an implementation pay period will be assigned by the appropriate development staff. Requests are worked in the order they are received. Priority is given to regulatory changes, mandated changes, and changes that affect pay.

If PII information is being provided, attach a password protected document. Send password to <u>NFC.GESDRequest@usda.gov</u> in a separate email.

Provide attachment if additional lines are needed.

10. PROJECT TITLE

11. TYPE OF REQUEST

- ☐ Accounting
- ☐ eOPF – Check appropriate form(s)
  - ☐ SF50
  - ☐ SF2809
  - ☐ SF2810
  - ☐ TSP1
  - ☐ TSP1C
- ☐ SPPS Payments
- ☐ TMGT – Attach Screen print(s)
- ☐ 401K, Catch-up, Roth Plan Codes – Complete Section A
- ☐ New Allowance/Bonus/Award – Complete Section B
- ☐ New Flexible Spending Account (FSA) – Complete Section C
- ☐ New Pay Plan/Band – Complete Section D
- ☐ Position Management System (PMSO) – Complete Section E
- ☐ *EmpowHR* – Complete Section F
- ☐ All Other Types _____ _____

12. CHANGE DESCRIPTION: *(Provide supplemental details and/or documentation, e.g., data elements, data flow, edits, input documents/screens requiring changes, inquiry screen, limitations, NOAC/authorities, other output documents, reports, security, system controls, table element values, and table matrix logic. Provide attachment if additional lines are needed.)*

13. PROVIDE INFORMATION THAT GIVES AN INDICATION OF THE IMPORTANCE OF THIS REQUEST, INCLUDING THE DATE WHEN THE REQUEST IS NEEDED: *(Provide attachment if additional lines are needed.)*

14. COMMENTS: *(Provide attachment if additional lines are needed.)*

SUBMIT AN E-MAIL WITH THE COMPLETED FORM ATTACHED TO THE E-MAIL ADDRESS BELOW. COMPLETE SUBJECT LINE AS INDICATED BELOW:

NFC.GESDRequest@USDA.GOV
Subject: "Request Project Title" - New SCR

Note: For all inquiries, regarding the status of a request, please enter the following subject line:
Subject: "Project Title" – NFC SCR # _____

SECTION A – 401K, CATCH-UP, ROTH PLAN CODES

1. WHAT IS THE NAME OF PLAN CODE?

2. WILL THE PLAN BE PRE-TAX OR POST-TAX?
☐ Pre-Tax   ☐ Post-Tax

3. WILL THE PLAN BE SUBJECT TO CONTRIBUTIONS? ☐ Yes ☐ No

4. WILL THE PLAN ALLOW EMPLOYEE TO MAKE UP A MISSED EMPLOYEE CONTRIBUTION? ☐ Yes ☐ No

5. WILL THE PLAN BE SUBJECT TO IRS DEFERRAL LIMIT? ☐ Yes ☐ No

6. WILL THE PLAN HAVE MINIMUM OR MAXIMUM LIMITS? *(If yes, define limits.)*
☐ Yes   ☐ No   Minimum _____   Maximum _____

7. WILL THE PLAN BE TIED TO ANY EXISTING PLANS? *(If yes, define plans.)*
☐ Yes   Plan(s) _____
☐ No   _____

8. WILL THE DEDUCTIONS BE A PERCENTAGE, WHOLE DOLLAR, OR BOTH?
☐ Percentage _____   ☐ Dollar Amount _____   ☐ Both _____

9A. WILL MANUAL PROCESSING BE ALLOWED TO REFUND DEDUCTION AMOUNTS TO EMPLOYEES THAT WERE DEDUCTED IN ERROR? ☐ Yes ☐ No

9B. WHAT IS THE ROUTING NUMBER

9. ACCOUNT NUMBER

10. WHAT IS THE VENDOR NAME? *(Table 80 info)*

11. WHICH FIELDS WILL BE INCLUDED IN THE PAYMENT VENDOR FILE LAYOUT? *(Must include employee name, SSN, deduction amount, and plan code.)*
☐ Employee name   ☐ Social Security Number   ☐ Deduction Amount   ☐ Plan Code   ☐ Other

12. WHEN IS ENROLLMENT ALLOWED? (*e.g.,* Enrolled at accession, after probationary period, etc. (Provide attachment if additional lines are needed.)

13. DOES EMPLOYEE NEED TO RE-ENROLL EACH YEAR?
☐ Yes   ☐ No

14. WILL EMPLOYEE BE ABLE TO START, STOP, OR CHANGE AT ANY TIME?
☐ Yes   ☐ No

15. WHAT IS THE EFFECTIVE DATE FOR THE NEW 401(K), CATCH-UP, OR ROTH PLAN(S) BEING IMPLEMENTED?

16. PROVIDE TMGT TABLE UPDATE INFORMATION. *(Provide attachment if additional lines are needed.)*

SECTION B – NEW ALLOWANCE/BONUS/AWARD *(If approval was required by OPM, provide a copy of the letter from OPM.)*

Provide a list of employees that will receive the allowance or bonus/award payment. Include total number of employees. ***PII information, e.g., name and social security number, should be provided on a password protected document. Send password to NFC.GESDRequest@usda.gov in a separate email.*** Provide attachment if additional lines are needed.

2. WHAT CRITERIA SHOULD BE USED TO IDENTIFY ELIGIBLE EMPLOYEES?
☐ Grade   ☐ Series   ☐ Pay Plan
☐ Other _____

3. ARE LWOP OR SEPARATED EMPLOYEES ELIGIBLE TO RECEIVE THE ALLOWANCE OR BONUS/AWARD?
☐ Yes ☐ No

4. HOW WILL THE ALLOWANCE OR BONUS/AWARD BE PAID?
☐ BIWEEKLY _____   ☐ MONTHLY _____
☐ YEARLY LUMP SUM _____   ☐ YEARLY SPECIFIC AMOUNT DEDUCTED _____
☐ ONE TIME _____

5. IS A NEW TRANSACTION CODE NEEDED ON THE T&A?
☐ Yes   ☐ No

6. WHAT IS THE AWARD CODE?

7. WHAT IS THE NOA/AUTHORITY?

8. SHOULD SF-50S BE GENERATED?
☐ Yes   ☐ No

9. SHOULD THE ALLOWANCE OR BONUS/AWARD BE REPORTED IN CPDF?
☐ Yes   ☐ No

10. IS THE ALLOWANCE TAXABLE?
☐ Yes   ☐ No

11. WHICH TAX CATEGORIES APPLY?
☐ Federal   ☐ State   ☐ FICA

12. IF ALLOWANCE IS PART OF BASE PAY, SHOULD IT BE INCLUDED IN THE CALCULATION OF:
TSP? ☐ YES ☐ NO   RETIREMENT? ☐ YES ☐ NO   LIFE INSURANCE? ☐ YES ☐ NO

13. IF THE ALLOWANCE/BONUS IS A YEARLY AMOUNT AND NEEDS TO BE MODIFIED DURING THE YEAR, WILL NFC PROCESS A MASS DATA ADJUSTMENT UNDER A REIMBURSABLE AGREEMENT? ☐ YES ☐ NO

FORM AD-3003 (REV.9/15)

SECTION C – NEW FLEXIBLE SPENDING ACCOUNT (FSA) PLAN

1. WHAT DEPARTMENT/AGENCY WILL USE THE NEW FSA? *(Provide attachment if additional lines are needed.)*

2. WHAT NEW FSA(S) ARE BEING PROPOSED TO IMPLEMENT IN YOUR ORGANIZATION? *(Provide attachment if additional lines are needed.)*

3. IS NEW FSA TAX-DEFERRED?	4. WILL THE NEW FSA HAVE A VENDOR?	NAME	ADDRESS:
☐ Yes	☐ Yes **IF YES, PROVIDE INFORMATION TO THE RIGHT.** *(Table 80 info)*		
☐ No	☐ No	ROUTING NUMBER:	ACCOUNT NUMBER:

5. WHAT IS THE EFFECTIVE DATE FOR THE NEW FSA?	6. WHAT IS THE MINIMUM/MAXIMUM DEDUCTION ALLOWED PER PAY PERIOD FOR THE NEW FSA? Minimum Deduction _____ Maximum Deduction _____	7. WILL THE DEDUCTION AMOUNT BE DIVIDED BY 26 PAY PERIODS? ☐ Yes ☐ No

8. WILL THE NEW FSA BE MANDATORY OR VOLUNTARY FOR EMPLOYEES? *(If mandatory, how many employees will be implemented?)*
☐ Mandatory   ☐ Voluntary   Number of Employees _____

9. DOES EMPLOYEE NEED TO RE-ENROLL EACH YEAR? ☐ Yes   ☐ No

10. WHEN IS ENROLLMENT ALLOWED? *(e.g., Open Season/Annually, Pay Period, etc.?) (Provide attachment if additional lines are needed.)*

11. WILL EMPLOYEE BE ABLE TO START, STOP, OR CHANGE AT ANY TIME?
☐ Yes   ☐ No

12. IF AGENCY CURRENTLY HAS A FSA PLAN, IS AN EMPLOYEE ALLOWED TO ENROLL IN MORE THAN ONE PLAN AT A TIME? ☐ Yes   ☐ No

13. WILL THE NEW FSA BE ADDED TO THE PERSONAL BENEFITS STATEMENT? *(If yes, provide plan names. Provide attachment if additional lines are needed.)* ☐ Yes   ☐ No

Notes:
- Tables TM80 & TM85 will be updated for this request by NFC.
- NFC will provide a payment file with deduction data *(e.g., employee name, SSN, and deduction amount)* to the agency.
- NFC will provide a report that contains the payment file data.
- A plan code will be assigned by NFC for a new FSA.

SECTION D – NEW PAY PLAN/BAND

List the pay plan/band, grade, step, minimum/maximum salary *(If more than one new pay plan/band is requested, or if additional lines are needed, provide on attachment.)*

1. PAY PLAN/BAND	2. GRADE:	3. STEP:	4. MINIMUM/MAXIMUM SALARY:

1A. WILL THE NEW PAY PLAN/BAND RECEIVE STANDARD GOVERNMENT SALARY/LOCALITY PAY? IF NO, PROVIDE THE LOCALITY INFORMATION THAT CORRESPONDS TO EACH GRADE AND STEP. *(Provide attachment if additional lines are needed.)*   ☐ Yes   ☐ No

SALARY/LOCALITY

If employees are currently serviced by NFC, provide a cross-walk and/or any additional information describing the existing pay plan/band and the new pay plan/band *(edits, pay caps, etc. Provide attachment if additional lines are needed.)*

5. CURRENT PAY PLAN/BAND *(Provide attachment if additional lines are needed.)*

6. NEW PAY PLAN/BAND *(Provide attachment if additional lines are needed.)*

FORM AD-3003 (REV.9/15)

7. WILL EMPLOYEES ASSIGNED TO THE NEW PAY PLAN/BAND BE ENTITLED TO WITHIN GRADE INCREASES? DESCRIBE THE WITHIN GRADE INCREASE TIMEFRAMES *(Provide attachment if additional lines are needed.)*. ☐ Yes ☐ No

8. WILL EMPLOYEES ASSIGNED TO THE NEW PAY PLAN/BAND RECEIVE MERIT INCREASE OR ANNUAL PAY RAISE?

Merit Increase ☐ Yes ☐ No   Annual Pay Raise ☐ Yes ☐ No

9. WHAT PERSONNEL NATURE OF ACTION CODES WILL BE USED TO MIGRATE THE EMPLOYEES TO NEW PAY PLAN/BAND?

10. HOW MANY EMPLOYEES WILL BE IMPLEMENTED INTO THE NEW PAY PLAN/BAND?	12. CAN EMPLOYEES ASSIGNED TO THE PAY PLAN/BAND RECEIVE OVERTIME? ☐ Yes ☐ No

11. WILL A SALARY CAP APPLY? IF YES, DEFINE. *(Provide attachment if additional lines are needed.)* ☐ Yes ☐ No

12. HOW WILL THE PAY PLAN/BAND BE CALCULATED? *(Annual-To-Hourly-Rate Divisor of 2087, etc. Provide attachment if additional lines are needed.)*

13. WILL THE NEW PAY PLAN/BAND AFFECT ANY OTHER BENEFITS, E.G., LIFE INSURANCE COVERAGE AMOUNTS? IF YES, DEFINE. *(Provide attachment if additional lines are needed.)* ☐ Yes ☐ No

SECTION E – PMSO MASS DATA ADJUSTMENT

1. WHAT IS THE REASON FOR MASS DATA ADJUSTMENT?

☐ Realignment POI Change   ☐ Position Description (PD Number) Change   ☐ Realignment Organizational Structure Change   ☐ Reassignment

☐ Other *(Please specify reason for Mass Data Adjustment.)*

2. WILL PMSO RECORDS BE UPDATED BY NFC? **IF NO, GO TO QUESTION #4. IF YES, PROVIDE INFORMATION BELOW AND COMPLETE #3 BELOW.** ☐ Yes ☐ No

DEPARTMENT CODE	AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	SERVICING AGENCY CODE

OTHER *(Please specify criteria. Provide attachment if additional lines are needed.)*

3. Which personnel action data elements will be included in the mass data adjustment?

NATURE OF ACTION (NOA)	PAY PERIOD EFFECTIVE		PERSONNEL ACTION EFFECTIVE DATE
AUTHENTICATION DATE	LEGAL AUTHORITY	AUTHORITY CODE	REMARKS CODE

ADDITIONAL DATA REQUIRED *(Provide attachment if additional lines are needed.)*

4. WHAT IS THE SELECTION CRITERIA FOR INDIVIDUAL POSITIONS?

☐ Active Positions   ☐ Occupied Only   ☐ Include Vacant   ☐ Other:

5. WHAT ACTION IS REQUESTED FOR THE DISPOSITION OF FORMER POSITIONS? *(Choose One)* ☐ Leave Vacant and Active ☐ Abolish ☐ Inactivate	6. SHOULD SF-50S BE GENERATED? ☐ Yes ☐ No	7. ARE OTHER SPECIFICATIONS REQUIRED NOT LISTED ABOVE? *(Attach additional pages, if necessary or list below.)* ☐ Yes ☐ No

8. ADDITIONAL SPECIFICATIONS *(Provide attachment if additional lines are needed.)*

FORM AD-3003 (REV.9/15)

SECTION F – EmpowHR

1. IDENTIFY TYPE OF REQUEST.

- ☐ PAR Processing
- ☐ History Override
- ☐ Payroll Documents
- ☐ Performance Management
- ☐ Manager Self-Service
- ☐ Employee Self-Service

- ☐ Third Party Integration
- ☐ Non-Employee Processing
- ☐ Agency Implementation to *EmpowHR*
- ☐ Worklist/Workflow Management
- ☐ Reorganization/Realignment
- ☐ Data File Interface (Please complete #2)

- ☐ Other *(Please specify)*

2. Data File Interfaces Only

2A. IS THIS A NEW OR EXISTING INTERFACE? IF NEW, COMPLETE 2B – 2J. IF EXISTING, PROVIDE THE INTERFACE NAME AND DETAILS OF CHANGES.

New ☐ Yes ☐ No   Existing ☐ Yes ☐ No

2B. WHAT IS THE NEW DATA FILE FORMAT?

- ☐ Comma Separated Values *(CSV)*
- ☐ Pipe Delimited
- ☐ XML
- ☐ Excel

☐ Other *(Please specify)*

2C. WHAT FREQUENCY IS NEEDED FOR THE NEW FILE?

- ☐ Daily
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly

☐ Other *(Please specify)*

2D. ARE HEADER AND FOOTER ROWS NEEDED? IF YES, NFC WILL CONTACT YOU FOR DETAILS. ☐ Yes ☐ No	2E. IS INITIAL LOAD *(SEED)* FILE REQUIRED? ☐ Yes ☐ No	2F. IS THIS FOR 'FULL FILE' OR 'CHANGES ONLY'? ☐ Full File ☐ Changes Only	2G. SHOULD NFC OVERLAY THE PREVIOUS FILE? ☐ Yes ☐ No

2H. WILL THE FILE INCLUDE PII DATA? IF YES, PLEASE PROVIDE ADDITIONAL DETAILS *(Provide attachment if additional lines are needed.)* ☐ Yes ☐ No

2I. PROVIDE FTP DETAILS *(e.g., IP address, destination file name, etc. Provide attachment if additional lines are needed.)*

2J. WHAT DATA ELEMENTS ARE NEEDED? *(Provide attachment if additional lines are needed.)*

FORM AD-3003 (REV.9/15)