

Johns Hopkins - SAP Wage Type Request Form
CHANGE ONLY

Wage Type Changed _____

Transport No. _____

Basic Information

Date of request:

Requester's Name:

Requestor's Phone # / Email address:

Action Requested:

Change to Existing Earnings Wage Type

Wage type to be changed:

Describe the change:

What is the effective date of the change?

By what date is this change needed?

Will this change require forced retroactive payroll processing (Hammer)? If so, retro back to what date?