

## SCEIS DATA CLEANSING CHECKLIST

Last updated March 13, 2009

This document is intended to serve as a supplemental tool for agencies in the process of data cleansing. For detailed information regarding each item, please refer to the Data Cleansing Guide.

### ORGANIZATIONAL MANAGEMENT

#### Organizational Units

- |   |     |    |
|---|-----|----|
| 1. Are the Divisions/Departments/Regions and Codes identified for each of your divisions/departments/regions/sections?                                | Yes | No |
| 2. Has the agency contact and address information been updated on the table side of HRIS for the following categories:                                |     |    |
| a. Agency Director = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field            | Yes | No |
| b. Benefits Administrator = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field     | Yes | No |
| c. Personnel Director = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field         | Yes | No |
| d. Affirmative Action Officer = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field | Yes | No |
| e. Agency address = Enter main agency address   | Yes | No |
| f. Agy mailing address = Enter agency's main mailing address  | Yes | No |
| g. Courier Address = Enter agency's main courier address  | Yes | No |
| h. CG/Payroll contact = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field         | Yes | No |
| i. Chief Financial Officer = Enter the name of employee in this position and enter the position number of that employee in the "Position No" field    | Yes | No |

#### Positions

- |   |     |    |
|---|-----|----|
| 1. Has a department field been assigned to all of your positions including FTE, temporary, temporary-grant, and time-limited? | Yes | No |
| 2. Are all true supervisory positions identified?   | Yes | No |

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|--|-----|----|
| 3. Are the following fields populated for each position in HRIS?   |     |    |
| a. Position Type (FTE, Temp, Temp Grant and Time Limited)  | Yes | No |
| b. Position Number   | Yes | No |
| c. Class Code  | Yes | No |
| d. Class Title   | Yes | No |
| e. FLSA Code   | Yes | No |
| f. Full-time/Part-time Indicator   | Yes | No |
| g. Central Office Indicator  | Yes | No |
| h. County Code for Position  | Yes | No |
| i. Drive State Vehicle   | Yes | No |
| j. Worker's Comp Code  | Yes | No |
| k. Exempt from State Employee Grievance Procedures Act   | Yes | No |
| l. Shift Differential  | Yes | No |
| m. Power to Arrest   | Yes | No |
| n. Leave Indicator   | Yes | No |
| o. Benefits Indicator  | Yes | No |
| 4. Has the accuracy of the following SHAC information (HRIS PF8 menu) been verified?                         |     |    |
| a. FedCat (Federal Category)   | Yes | No |
| b. Census Code   | Yes | No |
| c. Work Unit   | Yes | No |
| d. Cost Center   | Yes | No |
| e. Jobgrp (Job Group)  | Yes | No |
| f. Department  | Yes | No |
| 5. Managing Positions  |     |    |
| a. Have all temporary, time-limited, and temporary-grant positions been entered into HRIS?                   | Yes | No |
| b. Have all vacant temporary-grant and time-limited positions been deleted in HRIS?                          | Yes | No |
| 6. Position Descriptions   |     |    |
| a. Do class code and slots on position descriptions match the position number, class code, and slot in HRIS? | Yes | No |
| 7. FTEs by source of funds   |     |    |
| a. Are your FTEs balanced by source of funds?  | Yes | No |

## PERSONNEL ADMINISTRATION

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|--|-----|----|
| 1. Are all of the following mandatory data conversion elements accurate in HRIS?   |     |    |
| a. Additional Benefits   | Yes | No |
| b. Agency Hire Date  | Yes | No |
| c. Class Date  | Yes | No |
| d. Continuous State Service Date   | Yes | No |
| e. Date of Birth   | Yes | No |
| f. Exem Griev (Employee's Grievance Status)  | Yes | No |
| g. Home County   | Yes | No |
| h. Hourly Pay  | Yes | No |
| i. Last EPMS Rating  | Yes | No |
| j. Leave Date  | Yes | No |
| k. Longevity Pay   | Yes | No |
| l. Marital Status  | Yes | No |
| m. Next Review Date  | Yes | No |
| n. Payrate   | Yes | No |
| o. Race  | Yes | No |
| p. Sex   | Yes | No |
| q. State Hire Date   | Yes | No |
| r. Supplemental Pay  | Yes | No |
| 2. If your agency uses the following fields in HRIS, have you ensured the accuracy of the information to be converted?           |     |    |
| a. Degree Type   | Yes | No |
| b. Degree Institution  | Yes | No |
| c. Degree Year   | Yes | No |
| d. Education Level   | Yes | No |
| e. Email Address   | Yes | No |
| f. Emergency City  | Yes | No |
| g. Emergency Name  | Yes | No |
| h. Emergency Phone   | Yes | No |
| i. Emergency Relationship  | Yes | No |
| j. Emergency State   | Yes | No |
| k. Emergency Street  | Yes | No |
| l. Emergency Zip Code  | Yes | No |
| m. Employee No.  | Yes | No |
| n. Home Phone  | Yes | No |
| o. Level Date  | Yes | No |
| p. Phone (Work Phone #)  | Yes | No |
| q. Veteran Status  | Yes | No |
| 3. Have all miscellaneous fields in HRIS that will not be converted been validated according to the chart provided in the guide? | Yes | No |
| 4. Are all temporary employees being separated in a timely manner?   | Yes | No |

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|---|-----|----|
| 5. Have you reviewed the chart in the Data Cleansing Guide that relays the data information that will not be converted in the system? | Yes | No |
| 6. Have you reviewed the "trainee" and "merit system" fields in HRIS to ensure this information is not longer needed?                 | Yes | No |
| 7. Have you reviewed the retirement information stored on positions in the available HRIS fields to ensure it is no longer needed?    | Yes | No |
| 8. Is all I-9 information on employees up to date?  | Yes | No |
| 9. If your agency chooses to track volunteer information, is all the data you need up to date?  | Yes | No |

## TIME MANAGEMENT

### Work Schedules

- |  |     |    |
|--|-----|----|
| 1. Have you identified work schedules for all divisions, departments, sections, regions, etc., in your agency?                             | Yes | No |
| 2. Are you prepared to provide the Planned Working Times for each of your agency's employees? Has that information been entered into HRIS? | Yes | No |
| 3. Have you identified a work week for each employee in your agency? Has that information been entered into HRIS?                          | Yes | No |
| 4. Have you validated the Planned Working Times for your agency's employees before go-live?  | Yes | No |
| 5. If your agency is on an Academic Schedule, have you provided a copy of that schedule to SCEIS?  | Yes | No |

### Leave Records

- |   |     |    |
|---|-----|----|
| 1. Are you prepared to provide leave records for each employee (including balances and usage) for the calendar year in which your agency goes live? | Yes | No |
| 2. Have you gathered information on employees who are on an extended leave of absence?  | Yes | No |
| 3. Are you prepared to provide the following FMLA information for employees for the calendar year in which your agency goes live?                   |     |    |
| a. Are you prepared to provide the total number of work hours for the preceding 12 months before your go-live date for each employee?               | Yes | No |
| b. SSN  | Yes | No |
| c. Begin Date of FMLA Event   | Yes | No |
| d. End Date of FMLA Event   | Yes | No |
| e. FMLA Qualifying Event Reason   | Yes | No |
| f. Available balance remaining in weeks   | Yes | No |
| g. Is the FMLA leave continuous or intermittent   | Yes | No |
| h. YTD hours on FMLA leave  | Yes | No |
| 4. Are you prepared to provide information on your agency's Leave Transfer Pool?  | Yes | No |

## PAYROLL

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|---|-----|----|
| 1. Are all your agency's employees loaded into both HRIS and CG Payroll?  | Yes | No |
| 2. For any employee whose last day is December 1, 2009, are you prepared to pay all outstanding amounts due in the December 16 <sup>th</sup> payroll check? | Yes | No |
| 3. Have you deleted all old employee records from your legacy payroll systems?  | Yes | No |
| 4. Is all the costing data on the employee based on current funding in the legacy payroll system?   | Yes | No |
| 5. Have you validated that all retirement deductions on the payroll match the enrollment data submitted to the Retirement System?                           | Yes | No |
| 6. Are all deductions related to EIP from the EIP system correct?   | Yes | No |
| 7. Are all deductions related to FBMC from the FBMC system correct?   | Yes | No |
| 8. Is the following data in your legacy payroll system correct?   |     |    |
| a. SSN  | Yes | No |
| b. Name   | Yes | No |
| c. Address  | Yes | No |
| d. Marital Status (for tax purposes) and withholding exemptions   | Yes | No |
| e. EIC and FICA exempt status   | Yes | No |
| f. All Retirement System information  | Yes | No |
| g. All deductions   | Yes | No |
| h. Department locations (check sort code)   | Yes | No |