

**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
<b>CONTACT PERSON</b>		
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 [NFC.GESDRequest@usda.gov](mailto:NFC.GESDRequest@usda.gov) in a separate email.

Provide attachment if additional lines are needed.

10. Planned Funding Source; \_\_\_\_\_ Single-Year \_\_\_\_\_ Multi-Year \_\_\_\_\_ No-Year \_\_\_\_\_

Authority: \_\_\_\_\_

11. PROJECT TITLE

12. TYPE OF REQUEST

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

13. 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.)*

14. Provide information that gives an indication of the importance of this request, including date when request is needed: *(Provide attachment if additional lines are needed.)*

15. 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](mailto: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? <input type="checkbox"/> PRE-TAX <input type="checkbox"/> POST-TAX	3. Will the plan be subject to contributions? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Will the plan allow employee to make up a missed employee contribution? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Will the plan be subject to IRS deferral limit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Will the plan have minimum or maximum limits? (If yes, define limits.) <input type="checkbox"/> YES <input type="checkbox"/> NO    MINIMUM _____    MAXIMUM _____	7. Will the plan be tied to any existing plans? (If yes, define plans.) <input type="checkbox"/> YES    PLAN(S) _____ <input type="checkbox"/> NO    _____	
8. Will the deductions be a percentage, whole dollar, or both? <input type="checkbox"/> PERCENTAGE _____ <input type="checkbox"/> DOLLAR AMOUNT _____ <input type="checkbox"/> BOTH _____		
9. Will manual processing be allowed to refund deduction amounts to employees that were deducted in error? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. What is the Routing Number?	11. Account Number	12. What is the vendor name? (Table 80 info)
13. Which fields will be included in the payment vendor file layout? (Must include employee name, SSN, deduction amount, and plan code.) <input type="checkbox"/> EMPLOYEE NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DEDUCTION AMOUNT <input type="checkbox"/> PLAN CODE <input type="checkbox"/> OTHER		
14. When is enrollment allowed? (e.g., Enrolled at accession, after probationary period, etc. (Provide attachment if additional lines are needed.)		
15. Does employee need to re-enroll each year? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. Will employee be able to start, stop, or change at any time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. What is the effective date for the new 401(k), Catch-up, or Roth plan(s) being implemented?		
18. 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.)**

1. 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](mailto: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? <input type="checkbox"/> GRADE <input type="checkbox"/> SERIES <input type="checkbox"/> PAY PLAN <input type="checkbox"/> OTHER _____	3. How will the allowance or bonus/award be paid? <input type="checkbox"/> BIWEEKLY _____ <input type="checkbox"/> MONTHLY _____ <input type="checkbox"/> YEARLY LUMP SUM _____ <input type="checkbox"/> YEARLY SPECIFIC AMOUNT DEDUCTED _____ <input type="checkbox"/> ONE TIME _____
4. Are LWOP or separated employees eligible to receive the allowance or bonus/award? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Is a new transaction code needed on the T&A? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. What is the award code?	7. What is the NOA/authority?
8. Should SF-50s be generated? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. Should the allowance or bonus/award be reported in CPDF? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Is the allowance taxable? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. Which tax categories apply? <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FICA
12. If allowance is part of base pay, should it be included in the calculation of: TSP? <input type="checkbox"/> YES <input type="checkbox"/> NO    RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO    LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**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?

 YES  NO4. Will the new FSA have a vendor? If yes, provide information to the right. *(Table 80 info)* YES  NO

NAME

ADDRESS:

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 employee be able to start, stop, or change at any time?

 YES  NO9. Will the new FSA be mandatory or voluntary for employees? *(If mandatory, how many employees will be implemented?)* MANDATORY  VOLUNTARY NUMBER OF EMPLOYEES \_\_\_\_\_10. When is enrollment allowed? *(e.g., Open Season/Annually, Pay Period, etc.?) (Provide attachment if additional lines are needed.)*

11. If agency currently has a FSA plan, is an employee allowed to enroll in more than one plan at a time?

 YES  NO

12. Does employee need to re-enroll each year?

 YES  NO13. 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**1. 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.)*

PAY PLAN/BAND

GRADE:

STEP:

MINIMUM/MAXIMUM SALARY:

SALARY/LOCALITY

2. 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  NO3. 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.)*4. Current Pay Plan/Band *(Provide attachment if additional lines are needed.)*5. New Pay Plan/Band *(Provide attachment if additional lines are needed.)*

6. 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

7. 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

8. What personnel nature of action codes will be used to migrate the employees to new pay plan/band?

9. How many employees will be implemented into the new pay plan/band? | 10. 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 – AGENCY REORGANIZATION**

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.)  
 NOTE: If accounting information will be changing as a result of this change, add those requirements in the field labeled OTHER.

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
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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.)

**SECTION F – EMPowHR****1. Identify type of request.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> PAR PROCESSING         | <input type="checkbox"/> THIRD PARTY INTEGRATION                  | <input type="checkbox"/> OTHER (PLEASE SPECIFY) |
| <input type="checkbox"/> HISTORY OVERRIDE       | <input type="checkbox"/> NON-EMPLOYEE PROCESSING                  |   |
| <input type="checkbox"/> PAYROLL DOCUMENTS      | <input type="checkbox"/> AGENCY IMPLEMENTATION TO EMPowHR         |   |
| <input type="checkbox"/> PERFORMANCE MANAGEMENT | <input type="checkbox"/> WORKLIST/WORKFLOW MANAGEMENT             |   |
| <input type="checkbox"/> MANAGER SELF-SERVICE   | <input type="checkbox"/> REORGANIZATION/REALIGNMENT               |   |
| <input type="checkbox"/> EMPLOYEE SELF-SERVICE  | <input type="checkbox"/> DATA FILE INTERFACE (PLEASE COMPLETE #2) |   |

**2. Data File Interfaces Only****3. 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**4. What is the new data file format?**

- 
- COMMA SEPARATED VALUES (CSV)
- 
- 
- PIPE DELIMITED
- 
- 
- XML
- 
- 
- EXCEL
- 
- 
- OTHER (PLEASE SPECIFY)

**5. What frequency is needed for the new file?**

- 
- DAILY
- 
- 
- WEEKLY
- 
- 
- BI-WEEKLY
- 
- 
- MONTHLY
- 
- 
- OTHER (PLEASE SPECIFY)

**6. Are header and footer rows needed? If yes, NFC will contact you for details.** YES  NO**7. Is initial load (SEED) file required?** YES  NO**8. Is this for 'full file' or 'changes only'?** FULL  CHANGES ONLY**9. Should NFC overlay the previous file?** YES  NO**10. Will the file include PII data? If yes, please provide additional details (Provide attachment if additional lines are needed.)** YES  NO**11. Provide FTP details (e.g., IP address, destination file name, etc. Provide attachment if additional lines are needed.)****12. What data elements are needed? (Provide attachment if additional lines are needed.)**