

Checklist for Department ID Adds with Payroll

Complete and attach this checklist to the Chartfield Request for new 10 digit Department ID requests that contains payroll. A checklist will need to be completed for each request.

In conjunction with the request for the establishment of this department id the requestor must consider the need for each of the following listed Edison HCM and FSCM related items, and through use of the dropdown (YES or NA), indicate whether action (for example the submission of a form or interagency notification) will be required following department id establishment. This consideration may require communication and collaboration with other responsible/impacted staff within the requestor's agency.

For items requiring the submission of an add or change form, submission should not be attempted until the requestor has received notification of department id establishment.

Department ID

Position Change Request (ePCR) within HCM module of Edison.

Speedchart Requests including cashiering (Add/Change) (To Division of Accounts)

Taskgroup Update (To Division of Accounts)

Default Task Group (To Division of Accounts),

Payroll Distribution (Default Payroll Accounting) (To Division of Accounts)

Employee Default Change Request (To Division of Accounts)

New or updated Agency User Security Authorization forms

Updates needed to be made to dynamic group descriptions (Updates sent to Edison.Dynamic.Group@tn.gov)

Updates to any grants or projects

Notification to billing agencies for any new speedcharts updates (See Edison FSCM *Multi-Unit Journal Support and Contact Information*)

If this department ID will replace an existing Department ID on the Department of Revenue apportionment schedule, the agency has notified the Department of Revenue to make needed changes.

The agency has identified any accrual reversals requiring a journal entry to affect the department ID changes (subsequent journal entry to be completed once new department ID is added).

PRINTED NAME AND TITLE OF EMPLOYEE COMPLETING CHECKLIST

SIGNATURE OF EMPLOYEE COMPLETING CHECKLIST

By signing below, I certify that I have reviewed all items above and the Agency is committed to immediately take necessary action following confirmation that the department ID has been created.

SIGNATURE OF CONTROLLER/FISCAL OFFICER