

 <b>Office of Administration Office for Information Technology</b> Bureau of Integrated Enterprise System (IES)	<b>BUSINESS PROCESS PROCEDURE</b>		
	<b>Title:</b>	<b>Maintain Time Data</b>	
	<b>Process:</b>	<b>Maintain Time Data – Create Additional Abs. Data</b>	
	<b>T-Code:</b>	<b>PA61</b>	
File Name:	PA61-0082.doc	Release:	R/3 4.6C
BPP Control Number:	BT0050	Responsibility:	Jason Thomas

### External References

Links to External Documents	
External Reference	Links
<b>Process Diagram</b>	<a href="#">..\Visios-Time\2.3.02 paidunpaid v6 p1.bmp</a> <a href="#">..\Visios-Time\2.3.02 paidunpaid v6 p2.bmp</a> <a href="#">..\Visios-Time\2.3.02 paidunpaid v6 p3.bmp</a> <a href="#">..\Visios-Time\2.6 Work Related Injury Absence v6.bmp</a>
<b>Standard Operating Procedures</b>	
<b>Job Aids</b>	
<b>Reference Materials</b>	
Version Number	Change Description
1.0	Original Documentation

### Overview

#### Trigger(s):

Work-related injury and near miss data is captured using this infotype. The infotype is populated after the ESS Workers' Compensation Claim Report is saved.

Business Process Description Overview
This is a work-related injury/near miss data entry screen. Absences must be linked to the injury using this infotype. The initial population of the infotype occurs from the ESS form, which triggers a workflow to the Workers' Compensation Advisor and Safety Advisor. Any information entered from the ESS form can be updated using the infotype. At the end of each day, any new or changed data is interfaced to the Workers' Compensation Vendor.

Input	Comments
An employee is injured or nearly involved in an accident.	
Steps	Details
1. The information about the injury is entered via ESS and changed through this infotype.	This is performed automatically from the entry in the form.
2. The absence related to the injury is attached to the infotype.	

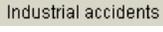
Output	Comments
Absences are updated to the infotypes.	
Steps	Details
1. Workers' Compensation vendor receives data via interface.	
2. Data entered can be viewed by accessing the infotypes.	

### Tips and Tricks

- If the Infotype does not appear on the list when using the possible entries icon on the Direct Selection of the Infotype, right click on the Restrictions tab, click on Restrictions, change Maximum No. of Hits to 5000, and click the enter icon .
- If the number or value is unknown, click on the possible entries icon  in the field to access the search feature.

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- Several infotypes can be accessed through the transaction. Infotypes may be accessed by clicking on the list icon  and selecting the category, clicking on one of the tabs on the screen , or using the direct selection of the infotype at the bottom of the screen.
- To select data from a list of available data, use the overview icon  of Shift + F8, click on the line of data to review, and then click on the choose icon  or F2.
- Data can only be entered into fields that are white in color. Gray fields are display only.
- When entering times, use the military time format.
- The following icons  List entry  Week  Month  Year and  Industrial accidents have no functionality with this process.
- If there is text attached to the infotype, a Display Text icon  appears to the right of the date the infotype was last changed. Double click the icon to view the text.

## **Procedure Steps**

### **1.1 Access transaction by:**

<b>Via Menus</b>	Human Resources → Time Management → Administration → Time Data → Maintain
<b>Via Transaction Code</b>	PA61

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**1.2** On screen “Maintain Time Data” enter information in the fields as specified in the below table. After entering the selections, click on the change icon  or F6 to change a record previously saved. Although the create icon  or F5 and the copy icon  or Shift + F9 are displayed, DO NOT use them. All new claims are created using the ESS claim form. The delete icon  or Shift + F2 can be used; however, if deleting an entry the Workers’ Compensation Vendor must be notified since deletions are not interfaced to them.

**Maintain Time Data**





 List entry
  Week
  Month
  Year

Personnel no.    
 Name   
 EE group  Permanent Pers.area  Utility Commission  
 EE subgroup  Full-time 75 Cost center  Off. Chr. And C...

Working times | Time quotas | Time management data | Special absences

Military Service (0081)  Additional Abs. Data (0082)

Period  
 Period Fr.  To   
 Today  Curr.week  
 All  Current month  
 From curr.date  Last week  
 To current date  Last month  
 Curr.period  Current year

Direct selection  
 Infotype  STy  Injury Leave Type

Field Name	Description	R/O/D/N	User Action and Values	Comments
Personnel no.	Employee's unique personnel number.	R	Enter the personnel number of the employee.	
List of Infotypes	Text name of infotypes.	O/R	Click on the special absences tab and click on the column before the infotype text to select the infotype <b>Additional Abs. Data</b> , or directly select the infotype with the Direct selection below.	
Period	The period of time for which time is to be displayed.	R	Select the Period radio button. Enter the injury/near miss date in the Fr. (From) and To fields.	Default is period, with no dates entered. See Tips and Tricks for information on selecting a specific record from a list.
Infotype	Screen with related data.	O/R	Directly select the infotype <b>Additional Abs. Data</b> by typing the words, typing	

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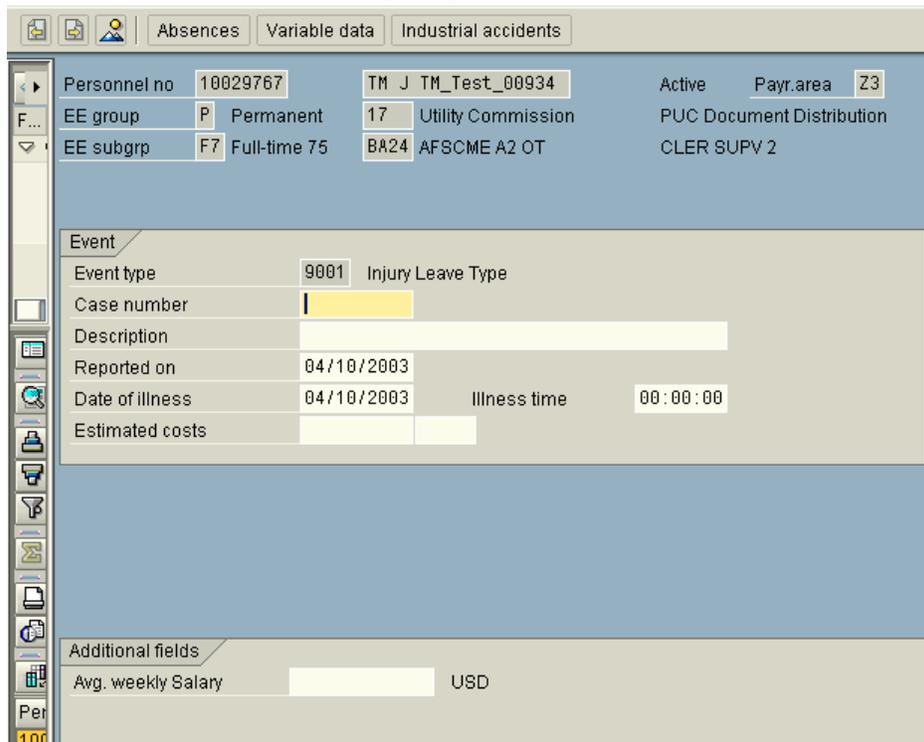
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			the infotype number <b>0082</b> or highlighting the name as described above.	
STy	Subdivision of related data, in this case injury type codes.	R	Directly select the subtype to update. 9001 – Injury Leave Type 9002 – Act 632/534 Type 9003 – Heart & Lung Type 9004 – Work-Related Disability Leave 9005 – No Special Benefits Type	

R = Required, O = Optional, D = Display, N = Not Required

**1.3** On screen “Create Additional Abs. Data” enter information in the fields as specified in the below table. After entering the data in the table, click on the Variable data icon  or **Ctrl + F4** to enter additional data.

#### Create Additional Abs. Data (0082)



**Note:** If the change, delete or copy icon was selected, instead of the create icon, the screen could look slightly different than the one pictured above.

Field Name	Description	R/O/D/N	User Action and Values	Comments
Event type	Type of injury or accident.	D	9001 – Injury Leave Type 9002 – Act 632/534 Type 9003 – Heart & Lung Type 9004 – Work-Related Disability Leave 9005 – No Special Benefits Type	
Case number	Third party administrator's claim number suffix.	O	Enter the third party administrator's claim number suffix. <b>Note:</b> It is not the	Usually this information is not

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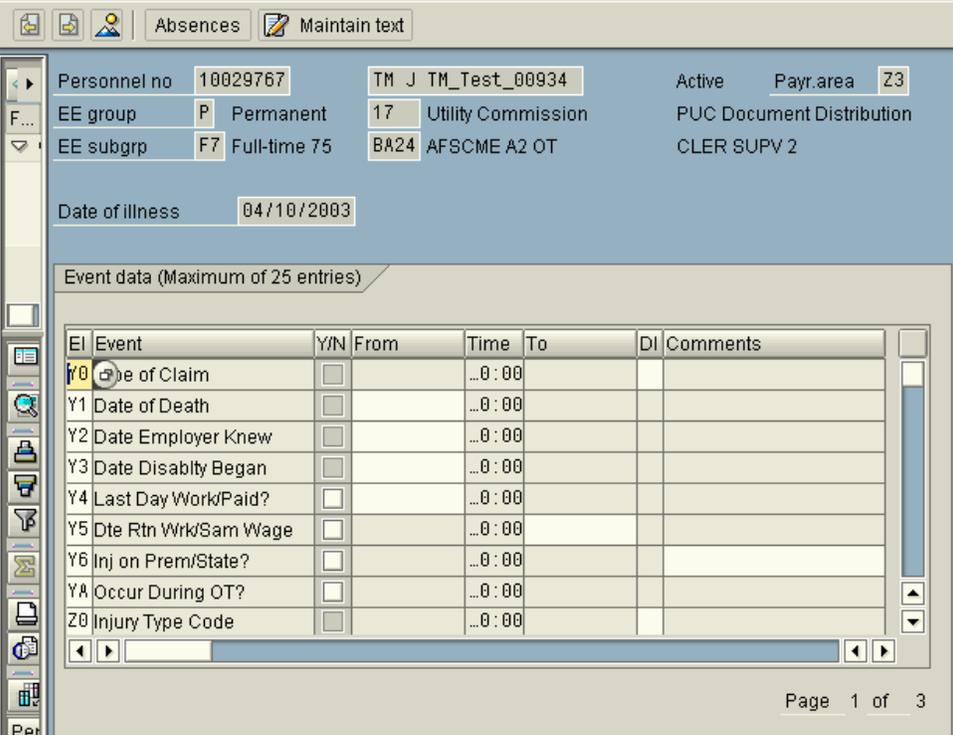
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			entire claim number; it is just the suffix. This is not applicable to near miss accidents.	available at the time the claim is created.
Description	Brief description describing accident/near miss.	O	Enter brief description to include how injury occurred and body part injured. <b>Example:</b> Slip down stairs, injured leg.	This is not populated from the ESS form.
Reported on	Date record is created.	O	Date the claim was recorded.	
Date of illness	Date of injury or near miss.	R	Enter or change date.	
Illness time	Time of injury or near miss.	O	Enter or change time.	
Estimated costs	Not used.	N	Not used.	
Average weekly salary	Average weekly wage of the employee as calculated based on the last four quarters of earnings.	D/O	If defaulted value is incorrect, enter the correct value.	Will not work until one year of data is in SAP.

*R = Required, O = Optional, D = Display, N = Not Required*

**1.4 On screen “Create Additional Abs. Data” enter information in the fields as specified in the below table. After entering the data in the table, click on the Maintain text  Maintain text to enter additional data.**

**Create Additional Abs. Data (0082)**



The screenshot shows the SAP 'Create Additional Abs. Data' screen. At the top, there are tabs for 'Absences' and 'Maintain text'. Below the tabs, there are several input fields: Personnel no (10029767), TM J TM\_Test\_00934, Active, Payr.area (Z3), EE group (P Permanent), 17 Utility Commission, PUC Document Distribution, EE subgrp (F7 Full-time 75), BA24 AFSCME A2 OT, CLER SUPV 2, and Date of illness (04/10/2003). Below these fields is a section for 'Event data (Maximum of 25 entries)'. This section contains a table with the following columns: Event, Y/N, From, Time, To, DI, and Comments. The table lists several events: Y0 Date of Claim, Y1 Date of Death, Y2 Date Employer Knew, Y3 Date Disability Began, Y4 Last Day Work/Paid?, Y5 Date Return to Work/Same Wage, Y6 Injury on Prem/State?, YA Occur During OT?, and Z0 Injury Type Code. Each event has a checkbox in the Y/N column and a time field in the Time column. The bottom right of the screen shows 'Page 1 of 3'.

Pages 2 through 3 of above screen print are below.

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Event data (Maximum of 25 entries)

EI	Event	Y/N	From	Time	To	DI	Comments
Z1	Body Part Code	<input type="checkbox"/>		...0:00			
Z2	Cause Code	<input type="checkbox"/>		...0:00			
Z3	Injury Type Info	<input type="checkbox"/>		...0:00			
Z4	Body Part Info	<input type="checkbox"/>		...0:00			
Z5	Cause Info	<input type="checkbox"/>		...0:00			
Z6	Injury Type Code 2	<input type="checkbox"/>		...0:00			
Z7	Body Part Code 2	<input type="checkbox"/>		...0:00			
Z8	Eqp Guards Provided?	<input type="checkbox"/>		...0:00			
ZB	Eqp Guards Used?	<input type="checkbox"/>		...0:00			

Event data (Maximum of 25 entries)

EI	Event	Y/N	From	Time	To	DI	Comments
ZC	Objs Involved?	<input type="checkbox"/>		...0:00			
ZD	Mechanical Defect?	<input type="checkbox"/>		...0:00			
ZE	Unsafe Act?	<input type="checkbox"/>		...0:00			
ZF	Unsafe Condition?	<input type="checkbox"/>		...0:00			
ZG	Amputation?	<input type="checkbox"/>		...0:00			
ZH	Vehicle Accident?	<input type="checkbox"/>		...0:00			
ZI	Panel?/Init Treatmt	<input type="checkbox"/>		...0:00			

Field Name	Description	R/O/D/N	User Action and Values	Comments
Type of Claim (Y0)	Type of Injury claim	O	Enter or change a selection from the drop down list.	
Date of Death (Y1)	Date employee deceased, if related to accident.	O	Enter or change date.	
Date Employer Knew (Y2)	Date employee informed a supervisor of injury/near miss.	O	Enter or change date.	
Date Disability Began (Y3)	First day the employee was absent from work.	O	Enter or change date. If there is no absence, do not enter a date in this field.	Could be a day off, if medical provider certifies disability.
Last Day Work/Paid? (Y4)	Last day the employee worked.	O	Enter or change date.	Could be injury date, even if only a partial day was worked.
Dte Rtn Wrk/Sam Wage (Y5)	Date employee returned to work at the same wages.	O	Enter or change date, only if the employee has returned. Do not speculate the return date.	Includes returning at modified duties.
Inj on Prem/State? (Y6)	Inquiry whether employee was injured on State premises.	O	Check box if yes.	
Occur During OT? (YA)	Inquiry related to whether the injury/near miss occurred during overtime.	O	Check box if yes.	
Injury Type Code (Z0)	Code and description explaining the primary type of injury.	O	Enter or change a selection from the drop down list.	

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Body Part Code (Z1)	Code and description explaining the primary body part injured.	O	Enter or change a selection from the drop down list.	
Cause Code (Z2)	Code and description explaining the primary cause of the injury/near miss.	O	Enter or change a selection from the drop down list.	
Injury Type Info (Z3)	Additional information describing injury type.	O	Enter or change additional information.	
Body Part Info (Z4)	Additional information describing the body part.	O	Enter or change information such as: left, right, upper, lower.	
Cause Info (Z5)	Additional information describing the cause.	O	Enter or change additional information.	
Injury Type Code 2 (Z6)	Code and description explaining the secondary type of injury.	O	Enter or change a selection from the drop down list.	This data is not forwarded to TPA.
Body Part Code 2 (Z7)	Code and description explaining the secondary body part injured.	O	Enter or change a selection from the drop down list.	This data is not forwarded to TPA.
Eqp Guards Provided? (ZA)	Inquiry related to whether equipment guards were provided.	O	Check box if yes or not applicable.	
Eqp Guards Used? (ZB)	Inquiry related to whether equipment guards were used by employee.	O	Check box if yes or not applicable.	
Tools Involved? (ZC)	Inquiry related to whether tools were involved in the accident/near miss.	O	Check box if yes.	
Mechanical Defect? (ZD)	Inquiry related to whether a mechanical defect caused the accident/near miss.	O	Check box if yes.	
Unsafe Act? (ZE)	Inquiry related to whether an unsafe act caused the accident/near miss.	O	Check box if yes.	
Unsafe Condition? (ZF)	Inquiry related to whether an unsafe condition caused the accident/near miss.	O	Check box if yes.	
Amputation? (ZG)	Inquiry related to whether an amputation occurred as a result of the injury.	O	Check box if yes.	
Vehicle Accident (ZH)	Inquiry related to whether a vehicle accident was involved in the injury/near miss.	O	Check box if yes.	
Panel?/Init Treatmt (ZI)	Inquiry related to whether an employee is required to use a panel of physicians.	O	Check box if yes.	

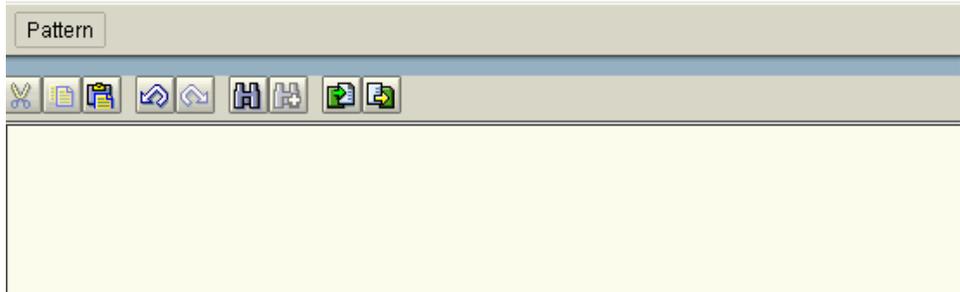
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**1.5** On screen “Text” enter the additional information needed to fully describe the injury. After entering the data, click the Save icon  or Ctrl + S to save the entries. Note: If text appears, enter new text at the bottom of the screen.

**Text**



**Note:** Although there are no additional questions noted on the screen print above, the Infotype does have pre-configured questions, if entered by the Workers’ Compensation Claim Form via ESS. This screen is used to record informational details about how the injury occurred, address of medical provider, address of site if not on premises, and additional information and witnesses. It could also be used for diary notes about the claim, but do not enter confidential information that could be considered a violation of HIPPA, since many users have access to this infotype.

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1.6 On screen “Create Additional Abs. Data” click the Absences icon  or Ctrl + F1 to link absences to the injury date. Note: It may not be appropriate to enter the absence at the same time the record is created; if this step is not to be performed, click the Save icon  or Ctrl + S to save the entries and the process ends.

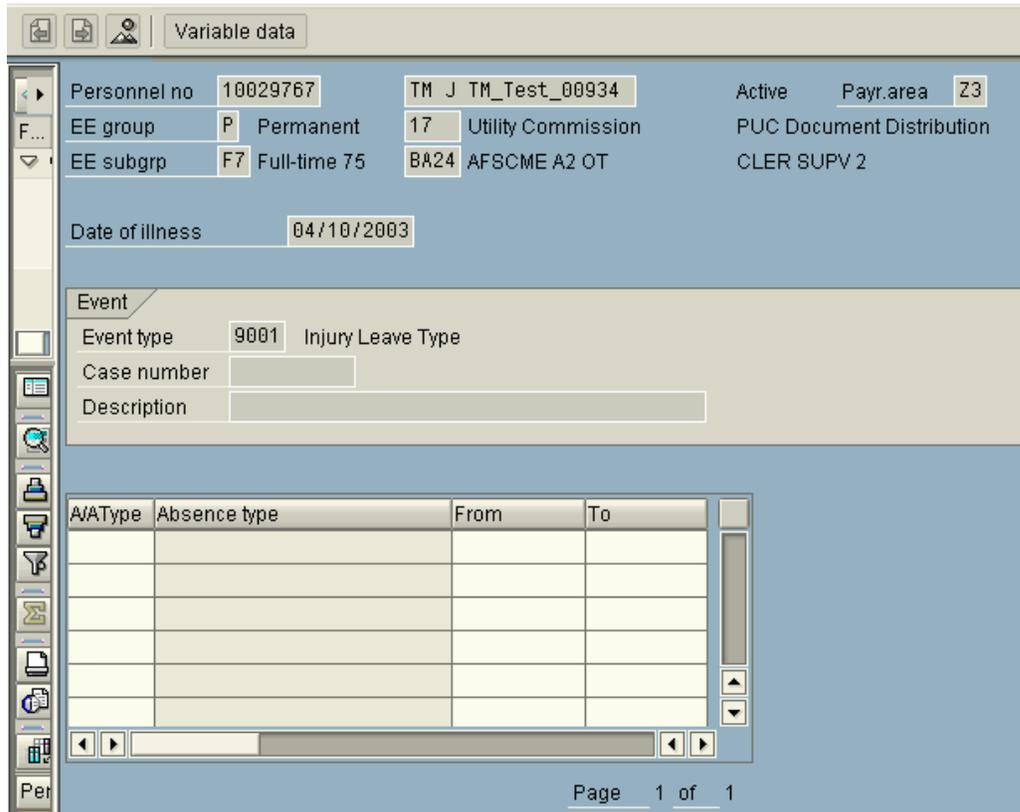
### Create Additional Abs. Data (0082)

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**1.7** On screen “Create Additional Abs. Data” enter information in the fields as specified in the below table. After entering the data, click the Save icon  or Ctrl + S to save the entries. **Note:** It may be necessary to determine what absences are already recorded by checking infoytp 2001 before proceeding to avoid the potential for collisions.

**Create Additional Abs. Data (0082)**



Field Name	Description	R/O/D/N	User Action and Values	Comments
A/A Type	Absence Type Code.	O	Enter a selection from the drop down box.	
Absence type	Description of absence type.	D		
From	Begin date of absence.	O	Enter date.	Should be the same as the begin disability date, for the first entry.
To	End date of absence.	O	Enter date. This is the last day of absence, not the first day of return.	

*R = Required, O = Optional, D = Display, N = Not Required*

Note: A user may want to print the Workers’ Compensation claim form after it is completed.

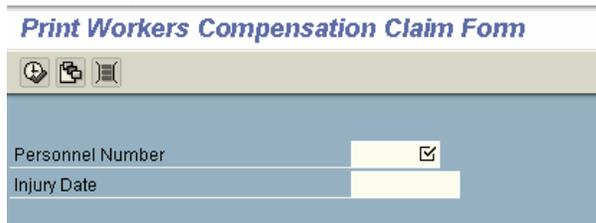
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**1.8 On screen “SAP Easy Access” enter ZH\_PRINT\_WC\_CLAIM**



**1.9 On screen “Print Workers Compensation Claim Form” enter the information in the fields as specified in the below table. After entering the data, click the Execute icon  or F8 to go to the print screen.**



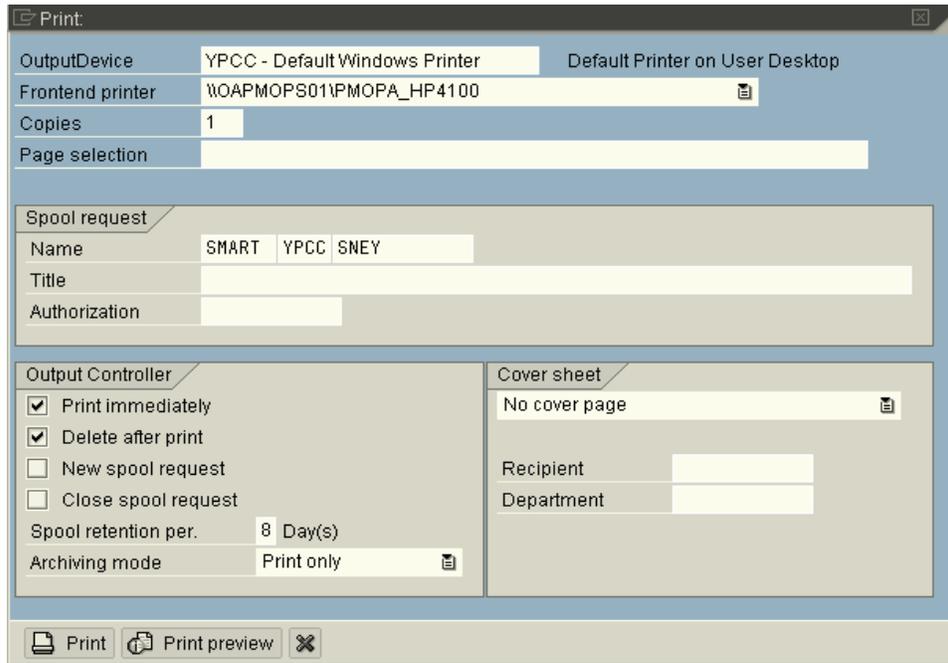
Field Name	Description	R/O/D/N	User Action and Values	Comments
Personnel no.	Employee's unique personnel number.	R	Enter the personnel number of the employee.	
Injury Date	Date of injury or near miss.	R	Enter date.	

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**1.10 A pop-up box will appear, allowing you to print the letter. Click on the print icon  Print or Ctrl+P to continue.**



Field Name	Description	R/O/D/N	User Action and Values	Comments
Output Device	Printer name	R	Default	
Copies	Field specifies how many copies of a document should be printed.	R	Default is "1"	If you only require an original and no copies, enter the value 1.
Page Selection	Defines which pages to be printed.	O		Examples: 4 = only page 4 2-5 = pages 2 to 5 4, 8-10 = page 4 and 8 to 10
Name	System will automatically default information.	N		
Title	Field contains a description of the spool request. It could consist of numbers of letters, digits, special characters and blanks.	N		
Authorization	Field contains the authorization for the spool request.			Only users with this authorization are allowed to display the contents of the spool request.
Print Immediately	Field determines whether the spool request should be sent to the printer at once.	O		
Delete after print	Field determines whether the spool should be deleted immediately after the document was printed.	O		

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Date of Report: 06/02/2003  
**COMMONWEALTH OF PENNSYLVANIA**  
 Workers' Compensation Claim Report

Date of Injury	Employee Number	Biweekly Salary at Injury	Injury Type
04/10/2003	10029767	1,670.25	Injury Leave Type

<b>Employee Information</b>					
Last Name	First Name	M. I.	Suffix	Social Security Number	
TM Test_00934	TM	J		900-11-0934	
Employee Home Address (Street or P.O. Box)		City	State	Zip Code	
541 S. Harrisburg Street		Harrisburg	PA	17113	
County Name of Work Location			Home Telephone Number		
Dauphin					
Date of Birth	Gender	Marital Status	No. Children Under 18 Yrs	Employment Status	Date of Hire
03/03/1962	Female		None	FT	09/28/1984

<b>Employer Information</b>					
Dept. Code	Department Name		Job Classification		
17	Utility Commission		CLER SUPV 2		
Org. Code	Organization Name		Supervisor		
00178002	PU Doc. Ctrl. Div.				
Work Location Address (Street or P.O. Box)		City	State	Zip Code	
County Name of Work Location			Work Telephone Number		
Dauphin					

<b>Injury Date Information</b>				
Time of Injury (24 Hour Military Time)	Date of Death (If Applicable)	Date Employer Knew of Injury		Shift Start Time (24 Hour Military Time)
00:00		04/10/2003		08:00
Last Full Day Paid	Date Disability Began	Date Returned to Work	At Same Wages	Occur During Overtime?
04/10/2003	04/11/2003		No	No
Type of Claim				
Medical<8 Days Lost				

**Cross Functional Dependencies:**

Team	Dependent tasks
Time	An absence may already be entered for a non-injury type of absence. Determine what absences may be entered before attaching any absence to avoid collisions.

**Workflow Requirements:**

Trigger	Approval	Response
Workflow is generated from the ESS form, but it is not created as a result of an entry directly to the infotype.	N/A	N/A