

FOR CPA USE ONLY

Doc. # _____

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Letter of Authorization for Data Changes to CAPPS HR/Payroll, HRIS, SPRS, USPS

SECTION I

Agency name	Agency number
Agency contact	ACID or CAPPS User ID
Phone number	

SECTION II

Identify system (check one or all that apply)

CAPPS HR/Payroll
 HRIS
 SPRS
 USPS

SECTION III

Identify and describe changes using actual effective date and reason code/transaction

Employee name

Employee Social Security number	Position number	Employee ID (CAPPS only)
_____ - -	_____ 	_____

Screen name (if applicable)

Field to change	Field to change	Field to change	Field to change
_____	_____	_____	_____
Current value	Current value	Current value	Current value
_____	_____	_____	_____
Desired value	Desired value	Desired value	Desired value
_____	_____	_____	_____

SECTION IV

Reason for request

PRIORITY LEVEL:

- URGENT PROCESSING** (within 12 system hours)
- REGULAR PROCESSING** (within 24 system hours)

- Will this change affect payroll processing?..... YES NO
- Has the employee been overpaid?..... YES NO
- Are you collecting the overpayment? YES NO

I am authorizing the Comptroller's office to make the necessary payroll/personnel changes described above.
 NOTE: No changes will be made until this signed letter of authorization is returned.

Authorized signature	Date
sign here ▶	

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Received by	Date	Time
Approved by	Date	Time
Agency representative notified	Date	Time
Completed by	Date	Time

Instructions for Completing Letter of Authorization for Data Changes to CAPPs HR/Payroll, HRIS, SPRS, USPS

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

For assistance in completing this form, please contact the Mainframe Production Support Help Desk at 512-463-4008 or the CAPPs Production Support Help Desk at 512-463-277.

Please note:

- The Letter of Authorization (LOA) for Data Changes (Form 73-313) must be completed in its entirety. The form will be rejected and sent back to the agency if any information is omitted.
- Please print clearly or type the information on the form.
- Once completed and signed by an authorized agency representative, submit Form 73-313 to the Comptroller's office by any one of the following methods:
 1. Fax: 512-475-0887
 2. Mail: Texas Comptroller of Public Accounts
P.O. Box 13528
Austin, TX 78711-3528
 3. Hand-deliver:
Texas Comptroller of Public Accounts
LBJ State Office Building
Fiscal Management/Mainframe Production Support Section
111 E. 17th St.
Austin, TX 78774

Section I: Identifying Information

Complete all fields. In addition to entering your agency name and number, be sure to include a contact name, ACID or CAPPs User ID and phone number for the person that can be reached for questions regarding the agency's LOA.

Section II: Identify System

Place a check in the appropriate box(es) to identify the system(s) the agency uses.

Section III: Requested Changes

Complete all fields. Identify and describe requested changes in this section using an employee's name, Social Security number*, position number, CAPPs Employee ID (*if applicable*), actual effective date, and reason code/ transactions to be changed or corrected. Include current values and the desired values for each field to change.

**Federal Privacy Act Statement Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.*

Section IV: Reason for Request

Describe the reason for the request. Attach supporting documentation to justify the requested changes.

Priority Level

Select the appropriate priority level for processing this request and answer all three questions regarding the processing of the LOA data changes.

Signature Box

Sign and date in the space provided. The form must be signed by an authorized agency representative listed on the Letter of Authorization Signature List for CAPPs HR/Payroll, HRIS, SPRS, USAS Data Changes (Form 73-318).

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For tracking purposes each LOA is date and time stamped when received, approved and completed. If the agency is notified, this field reflects the date and time of the notification.