Comptroller of Public Accounts FORM 73-162 (Rev.2-17/8)

PRINT FORM CLEAR FORM

HRIS EFT Specifications

☐ ***INBOUND*** ☐ ***OUTBOUND***

Date

Agency name

Agency number

Number of total records

Number of classification/carrier records _____

Number of personnel records _____

Number of payroll records _____

Total 0

Batch number

Computer type and model

Operating system

Data for Month of: _____

Contact name

Contact telephone number

Type of data included on EFT - ***INBOUND*** *(Check all that apply)*

☐ 403b Carrier complete load
☐ 403b Carrier maintenance
☐ Agency classification complete load
☐ Agency classification maintenance
☐ Conversion data
☐ Personnel maintenance
☐ Payroll
☐ Other: _____

Type of data included on EFT - ***OUTBOUND***

Agencies included on EFT ***other than*** the agency listed above *(if more space is needed, use comment section or attach additional form.)*

Agency number	Other agency name	Number of records

Comments

Return this form by

Email to: HRISMAIL@cpa.texas.gov —OR— **FAX to:** 512-475-0887