Appendix E: DCP Error Correction Form
STUDENT EMPLOYEE DCP SAFE HARBOR/MEDICARE ERROR CORRECTION FORM

INSTRUCTIONS: Departmental staff should complete this form to correct an error in a student employee’s DCP/Medicare deduction due to an administrative or ISIS/PPS interface error. It is essential that departments ensure the accuracy of the percentage on the appointment line in PPS. Retroactive corrections for inaccurate appointment percentages will not be done.

A student’s salary earnings are subject to DCP/Medicare if student is registered in less than 6 units or employed 80% or more. Interfaces occur at the third and fifth weeks of each academic quarter and during periods of summer session.

- Undergraduate student: Send form to ES (Employment Services), Mail code 0335
- Graduate student: Send form to Graduate Division, Mail Code 0003

Student Name: __________________________ Employee ID: __________________________

Department Name: __________________________ Department Ext: __________________________

Select Student Level:  Indicate Required Action:
☐ Undergraduate  ☐ DCP/Medicare should be refunded
☐ Graduate  ☐ DCP/Medicare should be withheld

Date(s) of affected paychecks: ______________________________________________________

Explanation (required): ____________________________________________________________

__________________________________________  ______________________________
Department Signature  Date

__________________________________________  ______________________________
Student Signature  Date

__________________________________________  ______________________________
Employment Services or Graduate Division Signature  Date

__________________________________________  ______________________________
Payroll Signature  Date