

STATE CONTROLLER'S OFFICE  
PERSONNEL AND PAYROLL SERVICES DIVISION  
P.O. BOX 942850  
SACRAMENTO, CA 94250-5878

DATE: July 7, 2025

FISCAL YEAR-END LETTER #25-005  
(Civil Service Only)

TO: All Agencies in the Uniform State Payroll System

FROM: Lisa Dean, Acting Chief  
Personnel and Payroll Services Division

**RE: PRELIMINARY BUDGET REPORTS**

The State Controller's Office (SCO) has released the annual preliminary budget reports to assist departments in reconciling SCO records with agency documentation for the Schedule 8 process. This process occurs in July and is managed through the Department of Finance (DOF). These reports are also used in the preparation of the annual Schedule 7A Galley Proof that is distributed to departments via e-mail from the DOF.

Agencies can review the regular Schedule 8 report and the supplemental report via ViewDirect:

- Report ID: PD59                      Report Title: SCH 8 REGULAR
- Report ID: PD60                      Report Title: SCH 8 SUPPLEMENTAL

Please see Attachment A, which provides an outline of the ViewDirect report contents and field descriptions. For more information about ViewDirect and how to use it, please refer to the ViewDirect and Mobius View Manual ([ViewDirect and Mobius View](#)).

Questions regarding reconciliation between the Schedule 8 and the electronic spreadsheets should be referred to your finance budget analyst.

To provide SCO with comments or suggestions on ways to enhance the annual preliminary budget reports used in the Schedule 8 process, please use the SCHEDULE 8 SURVEY FORM (Attachment B). Completed survey forms should be returned via email by **November 1, 2025**, to the Systems Activities Coordination and Support Unit (SACS) at [ppsdsacs@sco.ca.gov](mailto:ppsdsacs@sco.ca.gov).

If you have any questions regarding this letter, please contact SACS at [ppsdsacs@sco.ca.gov](mailto:ppsdsacs@sco.ca.gov).

For questions related to personnel and/or payroll, please use the following contact information:

**Contacts:**

- Affordable Care Act (ACA) Email [ACASupport@sco.ca.gov](mailto:ACASupport@sco.ca.gov)
- [Cal Employee Connect \(CEC\) Help and Feedback](#)
- [ConnectHR Help and Feedback](#)
- California Leave Accounting System (CLAS) Email [CLAS@sco.ca.gov](mailto:CLAS@sco.ca.gov)
- CS Escalation Email (HR Supervisors and Managers) [PPSDOps@sco.ca.gov](mailto:PPSDOps@sco.ca.gov)

- Decentralized Security Administration (DSA) & ViewDirect Access (916) 619-7234 or [DSA@sco.ca.gov](mailto:DSA@sco.ca.gov)
- HR Suggestions Email (All HR Staff) [PPSDHRSuggestions@sco.ca.gov](mailto:PPSDHRSuggestions@sco.ca.gov)
- Management Information Retrieval System (MIRS) Email [PPSDMIRS@sco.ca.gov](mailto:PPSDMIRS@sco.ca.gov)
- [Statewide Customer Contact Center](#) (SCCC) (916) 372-7200

**SCO Key Initiatives:**

- [Cal Employee Connect](#)
- [California State Payroll System Project](#)

**Websites:**

- [HR](#)
- [State Employees](#)

LD:CL:SACS

## I. SCHEDULE 8

This report lists **all authorized established positions** (filled and unfilled) as of 06/30/25, except those with abolished agency codes or abolished class codes.

### DATA ON SCHEDULE 8 AND SUPPLEMENTARY SCHEDULE 8

The source of data on the Schedule 8 is information on the Controller's Office database as of the run date printed on the Schedule 8 Report. Data reflected is as of June 30, 2025 and does not include MSAs or reorganizations that become effective July 1, 2025.

#### A. TERMINATION DATE

1. The termination date of authorized established positions (filled and unfilled) will be printed.
2. For unauthorized positions, the expiration date of the employee's appointment will be shown.
3. Positions with a termination date other than the last day of the pay period should be verified.

#### B. SURNAME

1. The employee's surname will be printed for all filled positions, both authorized and unauthorized.
2. "VACANT" will be printed for unfilled authorized established positions.
3. "TERMIN" will be printed for positions terminated.

#### C. SALARY RATE

1. This field will show the employee's salary full rate (including locked-in premium/special pay, shift differential and plus salary) for all filled authorized and unauthorized positions. Premium pay on employee's Employment History record may be included in the calculations. Multiple premium pay amounts may be applied to an employee's record. Up to three (3) lines in the Earnings ID (EARN ID) column may display for premium pay data. Additional premium pay may display in the Special Pay (SPC) column.
2. For classes with monthly salary rates, the first step (of the minimum range class) will be assigned for all unfilled positions except:
  - a. Those with fire mission rates (Department of Forestry and Fire Protection) or; those in 10/12 agencies that have 10/12 rates.
3. The salary rate will not be printed for:
  - a. Terminated positions or;
  - b. Unfilled positions with other than monthly salary rates.

D. SALARY PER

Blank	-	No salary rate
A	-	Annual Rate
M	-	Monthly Rate
H	-	Hourly Rate
D	-	Daily Rate

E. SOCIAL SECURITY/MEDICARE

Blank	-	No Social Security/Medicare
Y	-	Yes Social Security/Medicare

F. RANGE CODE

Refer to Salary Schedule in the payscales for range code definitions.

G. FRACTION

1. The time base fraction of the authorized established positions (both filled and unfilled) will be printed.
2. For unauthorized positions, employee's time base fraction will be shown.

H. SPECIAL PAY AND EARNINGS IDENTIFIER

1. This indicates the type of special pay included in the salary rate or identifies the type of special salary rate. Up to three (3) codes may be displayed in the "EARN ID" column.
2. Special Pay Codes:

Blank	-	No special pay
F	-	Fire mission pay
N	-	Non-fire mission pay
V	-	Variable pay
R	-	Red Circle rate/HAM with plus salary
3. Earnings Identifier

Blank	-	No premium pay
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See Payroll Procedures Manual Section B036 for Earnings Identifier and description (Payroll Procedures Manual should be available from your departmental Personnel/Payroll Section).

I. HAM CODE

1. This indicates the class is designed Hiring-Above-Minimum (HAM) as designated by the Pay Scales, Section 5.
2. Codes:

Blank	-	Not a HAM class
H	-	HAM Class

J. SHIFT DIFFERENTIAL CODE

1. Indicates that shift differential is included in the salary full rate. See Payroll Procedures Manual Section B008 for codes and CBID.

K. LEAVE TYPE

1. Identifies employee's status as of June 30, 2025.
2. Codes:

Blank	-	Active (not on leave)
I	-	Industrial Disability Leave
L	-	Others (leave without pay)
M	-	Military/Maternity Leave
N	-	Non-Industrial Disability Leave
P	-	Punitive Suspension
T	-	Temporary Leave
W	-	Workman's Compensation Temporary Disability Leave

L. ANNIVERSARY DATE

1. The employee's valid anniversary date will be printed for all filled positions, both authorized and unauthorized.
2. An estimated anniversary date will be assigned if the employee's record has an invalid anniversary date or if the position is unfilled.
  - a. January 2026 will be assigned to SISA classes, unless the employee's salary rate is not the minimum step.
  - b. July 2026 will be assigned to non-SISA classes and to SISA employees not paid at the minimum step.
  - c. An asterisk (\*) in the "EST" (Estimated Anniversary Date) column will be printed to indicate that the anniversary date is estimated.

M. ESTIMATED PERSONNEL YEARS

1. This is computed based on the fraction and termination date.
2. If a termination date appears, the estimate will not extend beyond that date.

## N. ESTIMATED EXPENDITURES

1. Only those positions with monthly salary rates have estimated expenditures computed.
2. Computations are based on the salary full rate, fraction, anniversary date and termination date. Verify those records with locked-in premium pay to ensure proper computations.
3. Non-fire seasons are considered for Department of Forestry and Fire Protection fire mission employees.
4. Certain "HAM" classes (identified by "H" HAM Code) will not be projected at a rate higher than the maximum of Range A.
5. If a termination date appears, the projected expenditures will not extend beyond the termination date.
6. The anniversary date is ignored in the following cases:
  - a. Employee has a red circle rate or;
  - b. Employee has a plus salary or;
  - c. Employee's salary rate is not a valid step.Estimated expenditures for these positions will be computed using the printed salary rate, without including any salary increases. Also, an asterisk (\*) will be printed in the "NMS" (NO MSA CONSIDERED) column.
7. Employees in 9/12 and 11/12 Pay Plans Annual salary projections may be incorrect. As a result, annual projections may be overstated. Departments should verify the annual projections and correct as needed.
8. Vacant position with termination dates may or may not correctly calculate. Verify those records.

## II. SUPPLEMENTARY SCHEDULE 8

- A. Listed on this report are all the employees in the following:
  1. Unauthorized positions
  2. Abolished or non-existent class codes
  3. Abolished Agency codes
  4. Positions Terminated on 06/30/25
  5. Positions filled by more than one employee in this case, one employee will be listed on the Schedule 8 Report and others on this report.
- B. This report list unfilled authorized established positions with abolished agency codes or class codes.

## III. FINANCE CONVERSION CODE LISTING

- A. The FCC listing is no longer being produced.

STATE CONTROLLER'S OFFICE  
PERSONNEL AND PAYROLL SERVICES DIVISION  
PROGRAM MANAGEMENT AND ANALYSIS BUREAU  
SCHEDULE 8 SURVEY – JULY 2025

**RETURN BY: NOVEMBER 1, 2025**

RETURN TO:

SYSTEMS ACTIVITIES COORDINATION AND SUPPORT UNIT  
STATE CONTROLLER'S OFFICE  
[PPSDSACS@SCO.CA.GOV](mailto:PPSDSACS@SCO.CA.GOV)

RE: SCHEDULE 8 SURVEY – JULY 2025

1. Did you experienced any problems working with the Schedule 8?  
Please attach copies of examples with a brief explanation and references to documents (PAR, 607, etc.)

NO ( )      YES ( )

2. Was the Schedule 8 accessed via FTP or ViewDirect/Mobius View?

FTP ( )      ViewDirect/Mobius View ( )

3. Did you have any issues accessing the reports?

NO ( )      YES ( )

4. Do you have any changes to recommend?

NO ( )      YES ( )

IF YES, please explain and attach examples:

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5. Please provide the name and phone number of the person who completed this form.

Department/Agency \_\_\_\_\_ Agency Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_