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

DATE: February 2, 2026

FISCAL YEAR-END LETTER #26-001  
(Civil Service Only)

TO: All Agencies in the Uniform State Payroll System

FROM: Lisa Dean, Chief  
Personnel and Payroll Services Division

**RE: SCHEDULE 8 FILE TRANSFER PROTOCOL SIGN-UPS AND VIEWDIRECT REPORT**

In conjunction with the Department of Finance and the State Controller's paperless initiative, the State Controller's Office (SCO) will no longer provide a hard copy of the annual Schedule 8 Report. The State Controller's Office offers two methods to receive an electronic version of the Schedule 8 Report.

The first method is via File Transfer Protocol (FTP). This electronic version allows agencies to download, view and filter their Schedule 8 in Microsoft Excel. To ensure the media specification information in our files is current, please complete, scan and return via email the media specification information package (Attachment A) by March 30, 2026, to the email address on Attachment A, Page 2. If your agency is planning a reorganization, please include any new agency codes in Item 3 of Attachment A, Page 2. For each FTP file, your agency will be charged \$72.00. All costs incurred will be included in the invoice for the billing quarter. Record format description and file definitions can be provided to assist in programming upon completion of the FTP sign-up.

The second method is via the ViewDirect system. Agencies are able to review the Regular Schedule 8 Report, as well as the Supplementary report. Agencies can access ViewDirect Report ID: PD59, Report Name "SCH 8 REGULAR" and PD 60, Report Name "SCH 8 SUPPLEMENTARY." For information on how to obtain access, please refer to the [ViewDirect and Mobius View](#) link for procedures.

If you have any questions, please contact the Systems Activities Coordination and Support Unit at [ppsdacs@sco.ca.gov](mailto:ppsdacs@sco.ca.gov).

For additional questions, please use the following contact information.

**All PPSD Contact Information:**

- [PPSD Contacts and Additional Information](#)

**Web Resources:**

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

STATE CONTROLLER'S OFFICE  
PROGRAM MANAGEMENT AND ANALYSIS BUREAU  
FTP SPECIFICATION INFORMATION

RETURN TO: PPSD SACS UNIT

STATE CONTROLLER'S OFFICE

[PPSDSACS@SCO.CA.GOV](mailto:PPSDSACS@SCO.CA.GOV)

**MUST BE RETURNED BY MARCH 30, 2026**

RE: SCH 8 FTP FORM

FILE NAME: SCHEDULE 8

1. DEPARTMENT NAME/ADDRESS

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2. MEDIA CHARACTERISTICS

X      FTP

3. SELECTION CRITERIA

Please list the three (3) digit payroll agency code(s) to be used for the selection criteria. This is not asking for your 4-digit budget code (or Org Code or CFIS code) and please include all agencies your agency is responsible for Payroll and Personnel Transactions:

Agency Code(s)

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4. MEDIA DELIVERY

AUTHORIZED FTP USER. Please provide the following information on those individuals who will be authorized to extract this data. The PPSD FTP Coordinator will get access for the FTP user through our Information Security Office. If you have any questions, they can be reached via email at [ppsdftreporting@SCO.CA.GOV](mailto:ppsdftreporting@SCO.CA.GOV).

Authorized Person(s)

Full printed name \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Current User ID \_\_\_\_\_

Full printed name \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Current User ID \_\_\_\_\_

5. WHO TO CONTACT FOR PROBLEMS, ETC.

Full Printed Name \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone # \_\_\_\_\_

6. BILLING CONTACT FOR CHARGES INCURRED (\$72.00 PER MEDIA)

Full Printed Name \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

7. TEST MEDIA

A Sch 8 test media can be provided in May, prior to the July 2026 run. Please check one of the following:

YES – please send test media.  
 NO – test media is not required.

8. Please note that some of the information contained on this file is considered confidential under the Information Practices Act of 1977. Upon receipt of this data, you assume responsibility to ensure controls exist to meet Federal and State requirements for protecting confidential information.

9. PERSON COMPLETING THIS FORM:

Full printed Name \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone # \_\_\_\_\_

10. PERSON AUTHORIZING SCHEDULE 8 MEDIA REQUEST:

Full printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_