

**OFFICE OF THE STATE CONTROLLER
PERSONNEL/ PAYROLL SERVICES DIVISION**

ABSENCE WITHOUT PAY (DOCK)

**PAYROLL INPUT FILE
603 TRANSACTION**



PPSD
REV: November 2020

PAYROLL TRANSACTION INPUT FILE

603 DOCK TRANSACTION

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I. General Requirements

- A. Following are the guidelines for obtaining authorization to submit input transaction files through the Uniform State Payroll System maintained by the State Controller's Office (SCO).
1. All files submitted must comply with the formats and requirements outlined in this package.
 2. Separate files must be established for each transaction type to be processed due to the variable requirements for payroll transactions in the Payroll System.
 3. To initiate the process, provide a completed File Specification Form to Personnel and Payroll Systems Support Unit 3 (PPSSU3) at least *one month prior* to the date actual transaction files are to be submitted (see Sections II & III for requirements).
 4. All documentation must be signed by an *authorized* representative of your Personnel Office (i.e., Human Resource Manager, Personnel Officer, Transactions Manager, etc.).
 5. Authorization to process actual transaction files cannot be granted until all test files process correctly.
 6. If your department develops a new system from which payroll transaction files will be generated, you must test the transaction again. For example, if changing from one Human Resources system to another, new test files must be submitted to SCO for any transactions that will be generated by the new system.
 7. Route all correspondence to:

State Controller's Office
Personnel/Payroll Services Division (PPSD)
P. O. Box 942850
Sacramento, CA. 94250-5878
Attention: PPSSU3
 8. Notify PPSSU3 staff *in writing* of any changes to the file generation process or the information on the File Specification Form.
 9. Notify PPSSU3 *in writing* should you wish to terminate the input file process.
 10. Once the process has been established and authorization has been granted for a particular transaction, files may be submitted on a regular basis.
 11. Only transaction records for **original payments** may be submitted on the file.
No adjustments to pay may be submitted on this file.

II. FILE SPECIFICATION FORM

A. Requirements

1. The File Specification Form details the characteristics of the file and initiates the agreement between your department and the State Controller's Office.
2. Listed below are the guidelines for completing the form (see sample form).
 - a. Review and complete all items on the form.
 - b. The form must be signed by an *authorized* representative of your Human Resource Office (i.e., Personnel Officer, Transactions Manager, etc.).
3. Return the completed form to PPSSU3 at least *one month prior* to the date actual transaction files are to be submitted.

State Controller's Office
PPSD/Personnel Payroll Services Unit 3
P.O. Box 942850
Sacramento, CA. 94250-5878

Attention: PPSSU3

4. Your department should retain a copy of the completed File Specification Form along with this transaction instruction booklet for future reference.
5. A blank File Specification Form is included for your use in Appendix I.

STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
DOCK FILE SPECIFICATION FORM

SAMPLE

TO: State Controller's Office
Personnel Payroll Services Division
P. O. Box 942850
Sacramento, Ca. 94250-5878
Attention: PPSSU3

RE: **PAYROLL TRANSACTION INPUT FOR 603 DOCK TRANSACTIONS VIA FTP FILE**

1. We hereby request the State Controller's Office to accept and process files containing DOCK transactions for input into the Uniform State Payroll System via FTP

2. The file characteristics are:

Transaction Code: **603 DOCK Absence Without Pay**
Record Length: **200**

3. The Department anticipates submitting input files beginning the month and year of:

_____.

4. Files to be accessed via electronic file transfer (FTP). We hereby request the State Controller's Office to allow us access to the following datasets:

PD.PAYROLL.FTP._____.TRN603.Dmddyy*.PR1300

5. The following representative(s) from the agency to whom the State Controller's Office can direct inquiries in the event problems are encountered and who will be performing the actual file transfers are:

Name (First MI Last)_____Telephone: _____

Email Address:_____Current SCO User ID:_____ (if applicable)

Name (First MI Last)_____Telephone: _____

Email Address:_____Current SCO User ID:_____ (if applicable)

Name (First MI Last)_____Telephone: _____

Email Address:_____Current SCO User ID:_____ (if applicable)

Note: It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.

6. We understand that the user id issued to the staff above are to be kept confidential and not to be shared. The user id is connected to confidential information that will be handled accordingly.
7. Mailing address:

8. We agree to notify the State Controller's Office *in writing* of any change made to this agreement.
9. We agree to notify the State Controller's Office *in writing* should we desire to terminate this agreement.
10. We agree to indemnify, defend and save harmless the State Controller's Office and its officers, agents and employee's from any and all claims and losses that may result from reporting DOCK payments via FTP.
11. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the State Controller's Payroll System. The undersigned signature is a person authorized to sign payroll documents authorizations and constitutes validation of the requesting source.

Agency Name

Name of Authorized Representative (Please Print)

Phone

Signature of Authorized Representative

Title

Date

III. TEST PROCESS

- A. The State Controller's Office requires agencies to provide test files and materials to verify compliance with SCO guidelines. SCO performs two separate tests.
- B. Authorization to process actual transaction files cannot be granted until the test files process successfully.
- C. To initiate testing, provide the completed File Specification Form to PPSSU3. A blank form is provided in Appendix I. Refer to Section II for completion instructions.
- D. SCO staff will test with a department at least one month prior to the effective month actual transaction files are targeted to be submitted.
 - 1. Level 1 Testing verifies the transaction meets the required format and passes the system edits. ***The record length needs to be 200 with a 10 day expiration date.*** The file needs to be in ASCII format as binary files cannot be processed. The Test file:
 - a. Should contain 1- 5 records.
 - b. Must include a Batch Control Record and Detail Records that comply with the formats in Section VI.
 - c. Must have the Batch Control Record as the first record on the file.
 - d. Must have a Batch Number in position 76 – 80 of the Batch Control Record.
 - e. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
 - f. The File Transmittal email must be completed and signed per the instructions in Section IV. This form should be sent by email to the PPSSU3 staff performing the test.

SCO staff will perform the first test upon receipt of the test material. If the test is unsuccessful, SCO will notify you of the errors so a corrected file may be submitted. If the test file processes successfully, SCO will notify you to submit a mini file of actual data transactions.

2. Level 2 Testing processes a small number of actual transactions through the Payroll system to verify the record passes the data audits and successfully docks the master pay warrant. The mini test materials requirements are:
 - a. Must contain actual transactions from which Payroll warrants will be written.
 - b. Must have all transactions from the same Agency/Reporting Unit. (This will expedite the redeposit of any warrants that may generate incorrectly from the test.)
 - c. Must have at least 1 but not more than 5 transactions on the file.
 - d. Must have the Batch Control Record as the first record on the file.
 - e. Must have a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
 - f. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
 - g. The File Transmittal email must be completed and signed per the instructions in Section IV.

SCO will perform the live test through the next daily Payroll cycle upon receipt of the test materials. If the test is unsuccessful, SCO will notify you of the errors so a corrected file may be submitted. If the test file processes successfully, SCO will notify you in writing to begin submitting actual transaction files.

IV. FILE TRANSMITTAL FORM

The File Transmittal email is used to notify SCO when there is a transaction file to be processed. A completed email must be submitted for each file you want to process through the Payroll System.

A. Requirements

Complete the following items in the *top* section of the File Transmittal email. (see sample form, next page).

1. **From**
Enter your department name.
2. **Contact**
Enter the name of the *Personnel or Payroll Office* person to be called for any questions or problems that may arise in processing the file.
3. **Phone**
Enter the phone number of the contact person.
4. **Pay Period**
Enter the pay period of the payments.
5. **Batch No.**
Enter the permanent Batch Number assigned to your department for this transaction process.
7. **Record Count**
Enter the total number of records on the file.
8. **Authorized Signature**
The transmittal form must be signed with an representative of your Human Resource Office authorized to submit pay (i.e., Transactions Manager, Personnel Specialist, etc.).
9. **Date**
Enter the current date.

SAMPLE TRANSMITTAL EMAIL

 Send	From ▾	SKelly@sco.ca.gov
	To...	<input type="checkbox"/> Kelly, Samantha;
	Cc...	
	Bcc...	
	Subject	State Office-TRN603Batch CS088

TRN603 DOCK

CONTACT: Bee Guest Phone: 915-555-0775

Batch No. : CS088

Pay Period: 11/20

Record Count: 18

File Name : **PD.PAYROLL.FTP.OTO.TRN603.D110520A.PR1300**

I certify the State Controller's Office is authorized to access this file.

I hereby certify under penalty of perjury that the Payroll data stated herein is correct, complete, and in accordance with all laws and regulations.

BEA GUEST

BEA R. GUEST

Personnel Transaction Supervisor

**V. RECORD FORMATS
&
FILE DEFINITIONS**

V. RECORD FORMATS

A. Requirements

Records on the file must be in the standard format prescribed by the State Controller's Office outlined in this section.

1. The Batch Control Record:

- a. Contains the control totals for the file.
- b. Must always be the first record on the file.
- c. Must contain the Batch Number assigned to this process provided by SCOPPSSU3.

2. The transaction detail record:

- a. Contains the information for the individual employee pay request.
- b. Is used to generate the employee's payment in lieu of PIP (Payroll Input Processing) keying.

603 DOCK PAY BATCH CONTROL RECORD
Program Originating Format (Number, File Code, and Name)

09/95 C. WISE
 06/2008 J. CARDA

FILE NAME: **BATCH CONTROL**

Format Title: **672 TRANSACTION INPUT**

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
TRANS CODE "000"			NUMBER OF TRANS			TOTAL DAYS TO BE DOCKED			TOTAL HOURS TO BE DOCKED			FILLER																																					
9(3)			9(4)			9(5)			9(6)v99			x(55)																																					

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
FILLER CONTINUED																									BATCH NUMBER			FILLER																					
																									9(5)			X(120)																					

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	150
FILLER CONTINUED																																																	

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	200
FILLER CONTINUED																																																	

FORMAT DESCRIPTION

Labels: Standard
 Non-Standard
 No Labels

Record Format: Fixed - F
 Variable - V
 Undefined -U 12

Record Length: 200
 Records Per Block: 10
 Blocksize: 2000

Input
 Output
 Page 1 of 1

DOCK – 603 BATCH CONTROL

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 3	Transaction Code	3	9(3)	Enter '000'.
4 - 7	Number of Transactions	4	9(4)	Count of the total number of detail transactions on the file. Entire field must be completed with preceding zeros. <i>Example: A total count of 50 must be entered as 0050.</i>
8 - 12	Total Days to be Docked	5	9(5)	Enter the total number of days to be Docked entered on the detail transactions on the file. If no days of Dock are reported, enter zeros. Entire field must be completed with preceding zeros. <i>Example: 176 days must be entered as 00176.</i>
13 - 20	Total Hours to be Paid	8	9(6)V99	Enter the total number of Hours to be Dockedin hours and hundredths of hours of the detail transactions on the file. Entire field must be completed with preceding zeros. <i>Example: 1550.5 hours must be entered as 00155050.</i>
21 - 75	Filler	55	X(55)	Leave blank.
76 - 80	Batch Number	5	9(5)	Enter the Batch Number assigned by SCO for this process.
81 - 200	Filler	120	X(120)	Leave blank.

PAYROLL INPUT FILE - 603 DOCK TRANSACTION
Program Originating Format (Number, File Code, and Name)

09/95 C. WISE
 06/2008 J. CARDA

File Name: PAYROLL TRANSACTION Format Title: ABSENCE WITHOUT PAY (DOCK) 603

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
TRANS CODE '603'	SOCIAL SECURITY NUMBER		EE NAME				POSITION NUMBER				PAY PERIOD			TIME TO BE PAID		REPORTING DATE			FILLER																														
			FIRST INIT.	MIDDLE INT.	SURNAM E (FIRST 3 LETTERS)	AGENCY CODE	REPORTING UNIT	CLASS CODE	SERIAL NUMBER	TYPE	MONTH	YEAR	DAYS	HOURS	MONTH	DAY	YEAR																																
9(3)	9(9)		X	X	X(3)			9(3)	9(3)	9(4)	9(3)	X	9(2)	9	9(2)	9(3)V99		9(2)	9(2)	9(2)																													

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
FILLER																																																	
X(153)																																																	

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
FILLER CONTINUED																																																	

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
FILLER CONTINUED																																																	

Labels: Standard Record Format: Fixed - F Record Length: 200 Input
 Non-Standard Variable - V Records Per Block: 10 Output
 No Labels Undefined -U Blocksize: 2000 Page 1 of 1

FORMAT DESCRIPTION

ABSENCE WITHOUT PAY (DOCK) 603 TRANSACTION

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 3	Transaction Code	3	9(3)	Enter '603'.
4 - 12	Social Security Number	9	9(9)	Enter Social Security Number OR Interim Number.
13	First Initial	1	X	Enter First Initial, if any, or leave blank.
14	Middle Initial	1	X	Enter Middle Initial, if any, or leave blank.
15 - 17	Surname	3	X(3)	Enter first 3 letters of the Surname. If employee Surname has a space, hyphen or special characters within first 3 letters, compact the name. <i>Example: 'O'Neal' must be entered as 'ONE'.</i>
18 - 20	Agency Code	3	9(3)	Enter Employee's regular Position Number. (i.e., agency, unit, class & serial).
21 - 23	Reporting Unit	3	9(3)	
24 - 27	Class Code	4	9(4)	
28 - 30	Serial Number	3	9(3)	
31	Pay Period Type	1	X	Enter the appropriate type: 0 – Monthly 1 – 1 st ½ Semimonthly 2 – 2 nd ½ Semimonthly
32 – 33	Pay Period Month	2	9(2)	Enter the month and the last digit of the year for the payment.
34	Pay Period Year	1	9	
35 - 36	Days to be Docked	2	9(2)	Enter days to be docked; otherwise, enter zeros. Entire field must be completed with preceding zeros. Example: 5 days must be entered as 05. <i>Time values must be appropriate for the transaction as specified in the Payroll Procedure Manual (PPM).</i>

ABSENCE WITHOUT PAY (DOCK) 603 TRANSACTION

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
37 - 41	Hours to be Docked	5	9(3)V99	Enter time in hours and hundredth of hours. If no hours, enter zeros. Entire field must be completed with preceding zeros. Example: 5 hours must be entered as 00500 <i>Time values must be appropriate for the transaction as specified in the Payroll Procedure Manual(PPM).</i>
42 – 43	Reporting Date-Month	2	9(2)	Enter the date you are reporting the DOCK to SCO
44 – 45	Reporting Date-Day	2	9(2)	
46 – 47	Reporting Date-Year	2	9(2)	
48-200	Filler	153	X(153)	Leave Blank

APPENDIX I
BLANK FORMS

**STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
DOCK FILE SPECIFICATION FORM**

TO: State Controller's Office
Personnel Payroll Services Division
P. O. Box 942850
Sacramento, Ca. 94250-5878
Attention: PPSSU3

RE: **PAYROLL TRANSACTION INPUT FOR 603 DOCK TRANSACTIONS VIA FTP FILE**

1. We hereby request the State Controller's Office to accept and process files containing DOCK transactions for input into the Uniform State Payroll System via FTP

2. The file characteristics are:

Transaction Code: **603 DOCK Absence Without Pay**
Record Length: **200**

3. The Department anticipates submitting input files beginning the month and year of:

_____.

4. Files to be accessed via electronic file transfer (FTP). We hereby request the State Controller's Office to allow us access to the following datasets:

PD.PAYROLL.FTP.XXXX.TRN603.Dmddy*.PR1300

5. The following representative(s) from the agency to whom the State Controller's Office can direct inquiries in the event problems are encountered and who will be performing the actual file transfers are:

Name (First MI Last) _____ Telephone: _____

Email Address: _____ Current SCO User ID: _____
(if applicable)

Name (First MI Last) _____ Telephone: _____

Email Address: _____ Current SCO User ID: _____
(if applicable)

Name (First MI Last) _____ Telephone: _____

Email Address: _____ Current SCO User ID: _____
(if applicable)

Note: It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.

6. We understand that the user id issued to the staff above are to be kept confidential and not to be shared. The user id is connected to confidential information that will be handled accordingly.

7. Mailing address:

8. We agree to notify the State Controller's Office *in writing* of any change made to this agreement.

9. We agree to notify the State Controller's Office *in writing* should we desire to terminate this agreement.

10. We agree to indemnify, defend and save harmless the State Controller's Office and its officers, agents and employee's from any and all claims and losses that may result from reporting DOCK payments via FTP.

11. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the State Controller's Payroll System. The undersigned signature is a person authorized to sign payroll documents authorizations and constitutes validation of the requesting source.

Agency Name

Authorized Representative (Please Print)

Phone

Signature of Authorized Representative

Title

Date