

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

**PREMIUM PAY**

**PAYROLL INPUT FILE  
676P TRANSACTION**



PPSD  
REV: November 2020

# PAYROLL TRANSACTION INPUT FILE

## 676P PREMIUM PAY

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## I. GENERAL REQUIREMENTS

Following are the guidelines for obtaining authorization to submit 676 transactions files into 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. Please note: the Batch Control record must be the **first** record on the file.
2. Separate files must be established for each transaction type to be processed due to the variable requirements for payroll transactions.
3. To initiate the process, a completed File Specification Form must be submitted to Personnel and Payroll Systems Support Unit 3 (PPSSU3) at least 1 month prior to the actual date that the data files are to be submitted.
4. All documentation must be signed by an authorized representative of your Personnel Office (i.e., Personnel Officer, Transaction Manager, etc.)
5. If the agency develops a new system that will generate payroll transaction files, the transaction must be tested 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.
6. Notify PPSSU3 *in writing* of any changes to the file generation process or the information on the File Specification Form.
7. Notify PPSU3 *in writing* should the agency wish to terminate the input file process.
8. Once the process has been established and authorizations have been granted for a particular transaction, files may be submitted on a regular basis.
9. Email correspondence to: [ppsdfpreporting@sco.ca.gov](mailto:ppsdfpreporting@sco.ca.gov)

Or route to:

State Controller's Office  
Personnel/Payroll Services Division (PPSD)  
P. O. Box 942850  
Sacramento, CA. 94250-5878  
Attention: PPSSU3

## 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
  - a. Review all items on the form.
  - b. The representatives authorized to submit files for your department must be accurately completed.
  - c. Complete all remaining items on the form.
  - d. The form must be signed by an *authorized* representative of your Personnel Office (i.e., Personnel Officer, Transactions Manager, etc.).
3. Return the completed form to Personnel Payroll Services Division at least *one month prior* to the date the actual transaction files are to be submitted.

**State Controller's Office**  
Personnel Payroll Services Division  
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 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  
PREMIUM PAY 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 FOR 676 PREMIUM PAY VIA FTP FILE**

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

2. The file characteristics are:

Transaction Code: **676 Premium Pay**  
Record Length: **200**

3. The Department anticipates submitting input files beginning the month and year of:  
03/2019.

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.OFCO.TRN676P.DmddyyA.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) Bea R. Guest Telephone: (999)555-1234

Email Address: brguest@office.ca.gov Current SCO User ID: PYBRG  
*(if applicable)*

Name (First MI Last) Sue Z. Que Telephone: (999)555-5656

Email Address: szque@office.ca.gov Current SCO User ID: N/A  
*(if applicable)*

Name (First MI Last) \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Current SCO User ID: \_\_\_\_\_  
*(if applicable)*

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

*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:

Office of the State  
123 Front Street  
Ocean Park, CA 95999

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 pay transactions 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.

Office of the State  
*Agency Name*

Harvey Davidson  
*Name of Authorized Representative (Please Print)*

999-555-9899  
*Phone*

Harvey Davidson  
*Signature of Authorized Representative*

Human Resource Manager  
*Title*

January 6, 2019  
*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. PPSSU3 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 at least 5 and no more than 10 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 assigned by PPSSU3 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 sent per the instructions in Section IV. This email should be sent to the SCO staff performing the test.

SCO staff will perform the first test upon receipt of the File Transmittal email. If the test is unsuccessful, you will be notified of the errors so a corrected file may be submitted. If the test file processes successfully, you will be notified 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 generates a 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 5 but not more than 10 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 sent to the SCO staff that is performing the test.

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



#### IV. **FILE TRANSMITTAL FORM**

The File Transmittal email is used to notify State Controller's Office (SCO) when there is a transaction file to be processed. A completed email form must be submitted for each file you want to process through the Payroll System.

*PPSSU3 will provide each organization with a customized file transmittal email sample once the FTP process for the payroll file has been established for the organization.*

##### A. **Requirements**

Following are the guidelines for submitting Payroll transaction files to the State Controller's Office (SCO) using the email process on an ongoing basis.

1. The email process enables departments to submit transaction files for processing through the Payroll system by sending a Transmittal email with the file information to SCO.
2. All transaction files must comply with the record formats and overall requirements outlined in Section VI for submitting Payroll Input files.
3. Supporting documentation requirements have been modified for organizations eligible to email Transmittal Forms to SCO.
  - a. The File Transmittal email is used to certify the pay.
4. Transaction files may not be submitted on the Master Payroll cut-off cycle.

Note: Files submitted on Master Payroll cutoff will not be processed and will not be held for future cycles.

5. Transaction files must be transmitted to SCO during the hours of 6:00 a.m. to 12:00 P.M. Noon in order to be processed through that night's payroll cycle. If that day is not a payroll cycle then it will NOT be processed, the file will need to be submitted on a cycle day.
6. A completed File Transmittal email must be sent to SCO once the file is uploaded by 12:00 P.M. for each payroll file submitted or the file cannot be processed.
7. Send the File Transmittal email to: [ppsdfpreporting@sco.ca.gov](mailto:ppsdfpreporting@sco.ca.gov)
8. Questions regarding the payroll transactions should be directed to SCO's Premium Pay Unit at (916) 372-7200 and follow the prompts. Questions regarding FTP file submission should be directed to [ppsdfpreporting@sco.ca.gov](mailto:ppsdfpreporting@sco.ca.gov).

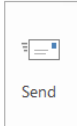
Note: Do not contact SCO Production Data Guidance regarding processing the transaction files or to request an extension on the required time for submitting files. Authorization to accept or process files through the payroll system can only be provided by SCO's PPSSU3 staff.

## B. Form Completion

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

1. **From**  
Enter your department name.
2. **Contact**  
Enter the name of the *Personnel or Payroll Office* person to be contacted 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.). An Electronic signature will be accepted.
9. **Date**  
Enter the current date.

SAMPLE TRANSMITTAL EMAIL

 Send	From ▾	SKelly@sco.ca.gov
	To...	<input type="checkbox"/> <a href="#">PPSD FTP Reporting</a>
	Cc...	
	Bcc...	
	Subject	Office of the State -TRN 676 Batch C0003

**RE: 676 Premium Pay Input File**

CONTACT: Bea R. Guest                      Phone: 999-555-4777

Batch No. :     C0003      
Pay Period :     03/2020      
Record Count:     112    

File Name : **PD.PAYROLL.FTP.OCS.TRN676P\D040920A.PR1300**

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

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

*Bea R. Guest*                      04/09/2020

Bea R. Guest  
Transaction Manager  
Office of the State

## **V. RECORD FORMATS**

**&**

## **FILE DEFINITIONS**

**PAYROLL INPUT FILE - 676 PREMIUM PAY**  
**Program Originating Format (Number, File Code, and Name)**

09/95      C. WISE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILE NAME: **BATCH CONTROL**

Format Title: **676 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			FILLER			TOTAL HOURS TO BE PAID				SALARY RATE TOTAL				FILLER																																
9(3)			9(4)			X(5)			9(6)V99				9(7)V99				X(46)																																

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

**PREMIUM PAY – 676 BATCH CONTROL**

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>PICTURE</b>	<b>DESCRIPTION</b>
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 zero(s). <i>Example: A total count of 50 must be entered as 0050.</i>
8 - 12	Filler	5	X(5)	Leave blank.
13 - 20	Total Hours to be Paid	8	9(6)V99	Enter the total number of Hours to be Paid in 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 – 29	Salary Rate Total	9	9(7)V99	Enter the total Salary Rate in dollars and cents of the detail transactions on the file. Entire field must be completed with preceding zeros. <i>Example: \$110.50 must be entered as 000010050.</i>
30 - 75	Filler	46	X(46)	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 - 676 TRANSACTION**  
**Program Originating Format (Number, File Code, and Name)**

09/95      C. WISE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

File Name: PAYROLL TRANSACTION      Format Title: PREMIUM PAY

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 '676'	SOCIAL SECURITY NUMBER		EE NAME			POSITION NUMBER				PAY PERIOD			SALARY RATE		TIME TO BE PAID		PAYMENT TYPE																																
			FIRST INT.	MIDDLE INT.	SURNAME (FIRST 3 LETTERS)	AGENCY CODE	REPORTING UNIT	CLASS CODE	SERIAL NUMBER	TYPE	MONTH	YEAR			SHIFT CODE	DAYS		HOURS																															
9(3)	9(9)		X	X	X(3)	9(3)	9(3)	9(4)	9(3)	X	9(2)	9	X	9(5)V99		9(2)	9(3)V99	X																															

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																																																			
SALARY TYPE	OVERTIME TYPE	PAY SUFFIX	EARNINGS ID		FILLER																																																																																															
X	X	X	X(4)		X(143)																																																																																															

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**

**PREMIUM PAY - 676 TRANSACTION**

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>PICTURE</b>	<b>DESCRIPTION</b>
1 - 3	Transaction Code	3	9(3)	Enter '676'.
4 - 12	Social Security Number	9	9(9)	Enter employee's SSN 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 any 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 Position Number. (i.e., agency, unit, class & serial).  Serial Number or Alternate Serial Number
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 <sup>st</sup> ½ Semimonthly 2 – 2 <sup>nd</sup> 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	Shift Differential Code	1	X	Leave Blank
36 - 42	Salary Rate	7	X(7)	Enter the salary rate/gross amount of payment or zeros, i.e. 0000000.



**PREMIUM PAY - 676 TRANSACTION**

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>PICTURE</b>	<b>DESCRIPTION</b>
43 – 44	Days to be Paid	2	9(2)	Enter days to be paid. If no days, leave blank. Complete field with proceeding zeros if needed. <i>Example: 5 days must be entered as 05.*</i>
45 – 49	Hours to be Paid	5	9(3)V99	Enter time in hours and hundredths of hours. If no hours, leave blank. Complete entire field with preceding zeros. <i>Example: 5 hours must be entered as 00500.*</i>  <i>*Time values must be appropriate for the transaction as specified in the Payroll Procedures Manual (PPM).</i>
50	Payment Type	1	X	Enter ‘8’ or ‘S’ or ‘G’ – see PPM
51	Salary Type	1	X	Enter the appropriate type. 1 – Monthly Rate 4 – Hourly Rate (Based on monthly rate). 5 – Hourly Rate (Established flat hourly rate). 6 – Hourly Rate (Trade rate and printing rate). 8 – Daily Rate (Established daily rate). 9 – Other Misc Rate – used for Payment Type S & G
52	Overtime Type	1	X	Leave Blank
53	Payment Type Suffix	1	X	See PPM Section B for codes
54 – 57	Earnings Identifier	4	X(4)	Enter the Earnings Identifier Code
58 – 200	Filler	143	X(143)	Leave Blank

**SECTION VI**

**APPENDIX I**  
**BLANK FORMS**

**STATE CONTROLLER'S OFFICE  
PERSONNEL/PAYROLL SERVICES DIVISION  
PREMIUM PAY 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 FOR 676 PREMIUM PAY VIA FTP FILE**

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

2. The file characteristics are:

Transaction Code: **676 Premium 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.\_\_\_\_\_.TRN676P.DmmddyA.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.*

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

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 pay transactions 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*