Personnel Action Manual

Section 3

PAR Miscellaneous Change Transactions

Rev. 09/2022





Table of Contents

N	IISCELLANEOUS	CHANGE TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX*	4
	Section 3.100	(Revised 03/22)	4
	Section 3.104:	SOCIAL SECURITY NUMBER [CHANGE] (Revised 09/22)	7
	Section 3.105:	POSITION NUMBER [CHANGE] (Revised 09/22)	8
	Section 3.106:	COLLECTIVE BARGAINING IDENTIFIER* (Revised 09/22)	9
	Section 3.107:	COUNTY CODE [CHANGE] (Revised 09/22)	10
	Section 3.108:	EMPLOYMENT HISTORY REMARKS (Revised 09/22)	11
	Section 3.109:	PAY FREQUENCY [CHANGE] (Revised 09/22)	12
	Section 3.110:	PLUS SALARY AND EXPIRATION DATE*1 (Revised 09/22)	13
	Section 3.111:	ANNIVERSARY DATE [CHANGE] (Revised 09/22)	14
	Section 3.112:	ALTERNATE RANGE AND BASED ON SALARY CHANGE (Revised 09/22)	15
	Section 3.114:	OFF PAYROLL*1 (Revised 09/22)	16
	Section 3.115:	ON PAYROLL*1 (Revised 09/22)	17
	Section 3.116:	*SHIFT DIFFERENTIAL (Revised 09/22)	18
	Section 3.117:	SPECIAL PAY (Revised 09/22)	19
	Section 3.118:	WORK WEEK GROUP [CHANGE] (Revised 09/22)	20
	Section 3.120:	TIME BASE CHANGE (Revised 09/22)	21
	Section 3.121:	LINE ITEMS (Revised 11/93)	22
		PROBATIONARY PERIOD*1 (Revised 09/22)	
	Section 3.122:		23
	Section 3.122: Section 3.123:	PROBATIONARY PERIOD*1 (Revised 09/22)	23
	Section 3.122: Section 3.123: Section 3.124:	PROBATIONARY PERIOD*1 (Revised 09/22) SEX [CORRECTION OR CHANGE] (Revised 09/22)	23 24 25
	Section 3.122: Section 3.123: Section 3.124: Section 3.125:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27 28
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27 28 29
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130: Section 1.131:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27 28 29 30
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130: Section 1.131: Section 3.132:	PROBATIONARY PERIOD*1 (Revised 09/22)	23 24 25 26 27 28 30 31
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130: Section 1.131: Section 3.132: Section 3.134: Section 3.135:	PROBATIONARY PERIOD*1 (Revised 09/22)	23242526272830313234
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130: Section 1.131: Section 3.132: Section 3.134: Section 3.135: Section 3.136:	PROBATIONARY PERIOD*1 (Revised 09/22)	2324252627283031323434
	Section 3.122: Section 3.123: Section 3.124: Section 3.125: Section 3.126: Section 3.127: Section 3.128: Section 3.129: Section 3.130: Section 1.131: Section 3.132: Section 3.134: Section 3.135: Section 3.136:	PROBATIONARY PERIOD*1 (Revised 09/22)	2324252627283031323434

Section 3.140:	MULTIPLE HOURLY RATE/TRADE RATE CHANGE*1 (Revised 09/22)	.39
Section 3.142:	MERIT SALARY ADJUSTMENT (Revised 09/22)	.40
Section 3.144:	OFFICIAL REPRIMAND (Revised 08/91)	.41
Section 3.146:	ADVERSE SALARY DECREASE (Revised 09/22)	.42
Section 3.147:	RETIREMENT SYSTEM TRANSACTIONS*1 [RST] (Revised 09/22)	.43
Section 3.148:	OTHER SALARY CHANGE*1 (Revised 09/22)	.44
Section 3.149:	LINE ITEMS (Revised 05/93)	.45
Section 3.150:	SPECIAL INGRADE SALARY ADJUSTMENT (Revised 09/22)	.46
Section 3.151:	LINE ITEMS (Revised 02/85)	.47
Section 3.152:	SPECIAL CHANGE*1 (Revised 09/22)	.48
Section 3.153:	LINE ITEMS (Revised 05/93)	.49

Section 3.100 (Revised 03/22)

Do not document any Miscellaneous Change Transaction with an effective date the same as an existing transaction in Line 12, which allows this information to be changed. Instead of document a correction to the existing transaction in Line 12 (see PAM Section 9.4).

Exception: A separate 335 transaction may be required with an effective date the same as an existing transaction in Line 12 when specified the alternate range criteria.

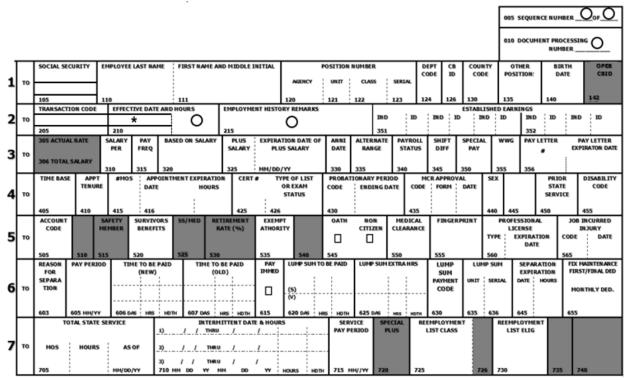
See PAM Section 2.209 for inactive/redefined transaction codes.

Code	Title/Description	PAM Section
105	Social Security Number (correction or change)	3.104
120	Position Number (change)	3.105
	Use for unit/serial number change for MCR I	
	Use for unit number (no change in duties for MRC II) v	
	Use for serial number change for MRC II	
	 Use for serial number change only for a NO MCR class (PTM 350.7) 	
126	Collective Bargaining Identifier	3.106
	Use when employee's collective bargaining status changes and is	
	an exception to the CB Identifier shown for the class in the Pay	
	Scales; or employee in in a "split" (shown in the Pay Scales as	
120	U01-U20)	2 107
130	County Code (change)	3.107
215 315	Employment History Remarks Pay Frequency (change)	3.108 3.109
325	Plus Salary and Expiration Date	3.110
323	·	3.110
	Use to report initial plus salary and expiration date, changes or deletions.	
330	Anniversary Date (change)	3.111
335	Alternate Range and Based on Salary (change)	3.112
340	Off Payroll (10/12 Leave – Rule 369)	3.114
341	On Payroll (10/12 Leave – Rule 369)	3.115
345	Shift Differential	3.116
350	Special Pay	3.117
355	Work Week Group (change)	3.118
405	Time Base (change)	3.120
	Do not use for certification process or layoff situation.	

Code	Title/Description	PAM Section
430	Probationary Period	3.122
	Use for civil service employees only. Use to extend probationary period or when intermittent, indeterminate or fractional time base employee completes probationary period.	
440	Sex (correction or change)	3.123
445	Ethnic Origin (correction) No longer used after 3/7/22.	3.124
455	Disability Code (correction or change)	3.125
505	Retirement System Information (change)	3.126
	Use to report changes of retirement membership.	
	*For Civil Service employee only.	
545	Oath (change)	3.128
550	Medical Clearance (change)	3.129
555	Fingerprints (change)	3.130
560	Professional License (change)	3.131
565	Job Incurred Injury	3.132
	Use to document a job incurred injury. Also use to document any subsequent return to work.	
705	Total State Service (change)	3.134
710	Intermittent Dates and Hours	3.135
	Use for layoff purposes only.	
715	Service Pay Period	3.136
	 Use for temporary leaves of 30 calendar days or less (per SPB Rule 361) resulting in a non-qualifying pay period; or Use for qualifying a pay period while on NDI; or Use for California Conservation Corps (CCC) employees on Federally funded WCTD, or pending approval of Federally funded WCTD and pay period is non-qualifying; or Use for qualifying a pay period while employee is on dock and furlough. *For Civil Service employee only. 	
GEN	General salary Change (salary range change)	3.139
MHR	Multiple Hourly Rate/Trade Rate Change Use for civil service employee. Use for multiple hourly rate or for trade rate change with or without a multiple hourly rate.	3.140

Code	Title/Description	PAM Section
MSA	Merit Salary Adjustment	3.142
	Use for granting MSA, denying MSA, or when denying MSA for lump sum only.	
ORP	Official Reprimand	3.144
	(This transaction is no longer in use.)	
PUN	Adverse Salary Decrease	3.146
	Use for Civil Service employee only.	
R01	Retirement System Transaction (RST)	3.147
	(Initiated by PERS/PPSD only.)	
SAL	Other Salary Changes	3.148
	 Special adjustments for salary inequities. 	
	CPA/CPS increase.	
	Restoration of salary following a PUN.	
SIS	Special Ingrade Salary Adjustment	3.150
	Use for granting or denying a SISA	
SPC	Special Change	3.152
	Use for reporting NDI benefit status other than when employee is on NDI leave.	

- To be processed by PPSD only
- Shows on EAR history



❖ The current date must be used for 210 wen reporting this transaction.

NOTE: To change a Social Security Number or delete an erroneous Social Security Number when employee has more than one on the database, refer to PAM Section 10.9.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Line 10

Refer to PAM pages 2.204 for specific substantiation required on:

1. 105 Transaction (a copy of the signed social security card must be attached)

															00	S SEQUENCE N	UMBER_	O ₀ F_O_	
															01	O DOCUMENT P	ROCESSI UMBER _	e O	
1	то	SOCIAL SECU	RITY	EMPLOYE	LAST NAMI	FIRST NAME A	ND MIDDLE I	AGENCY :		POSITION NUMBER				CB COUN			BIRTH DATE	OPEB CBID	
2		105 TRANSACTIO	N CODE	110 EFFEC	TIVE DATE A	111 MID HOURS	EMPLOYME	NT HISTO	120 RY REMARKS	121	122 INI	123			ISHED EA			142 : ID	
_	то	205 305 ACTUAL	DATE	210 SALARY	PAY	BASED ON SALARY	215 PLUS	' EVETEAT	TION DATE OF	ANNI	35:	. () :	0	C	352		AY LETTER	
3	то	306 TOTAL S		PER 310	PREQ	320	SALARY 325		S SALARY	DATE 330	RANGE	STATU 340			355	•		EXPIRATION DATE	
4	то	TIME BASE	TENUR		DATE	INTMENT EXPIRATION HOURS	(YPE OF LIST PROBATIONARY			RY PERIOD N		OVAL DATE	SEX	ST	TATE EVICE	TE CODE		
5	то	ACCOUNT CODE	410	SAFETY MEMBER	SURVIVOR BENEFIT		425 TIREMENT ATE (%)	EXEMP ATHORI		430 0ATH	NON CITIZEN	MEDICA CLEARAN	AL FING	ERPRINT	PRO	FESSIONAL JICENSE EXPIRATION	308	ASS INCURRED INJURY DATE	
6	то	SOS REASON FOR SEPARA TION	510 AY PERI	515 DD 11	S20 ME TO BE PA (NEW)	(0	BE PAID	535 PAY IMMED	LUMP SUM TO	S4S BE PAID	LUMP SUM	SSO TEXTRAHES	SSS LUM SUM PAYMI	NT UNIT	P SUM	SEPARATION EXPIRATION DATE HOUR	FIRS	MAINTEN ANCE T/FIN AL DED	
١	10		05 NH/Y	606	AS HRS	HOTH 607 DAS	HRS HOTH	615	(5) (V) 620 DA6 H	RS HOTH	625 DA6	HRS HD		635	636	645	655	NTHLY DED.	
7	то	HOS	AL STATE	SERVICE	_1)) / / THRU		E & HOURS		SER' PAY P		PECIAL PLUS	REEMPLOY LIST CLA			IPLOYMENT IST ELIG			
1	,	705	HOURS	HHVD	3		,	, ,	HOURS HOTS	715 1	IH//YY 72	0 7	25	72	6 730	2	735 7	40	

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

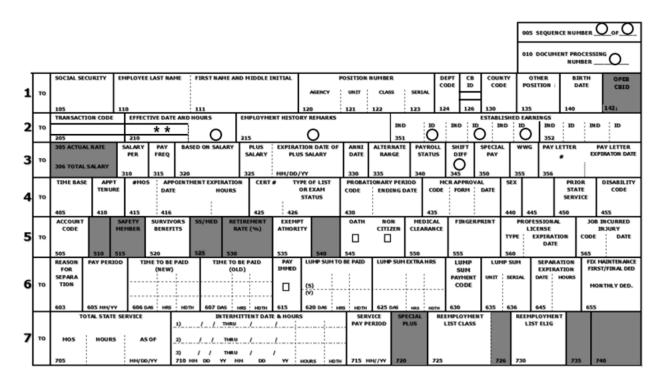
886 – Class Title Variation Code

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)

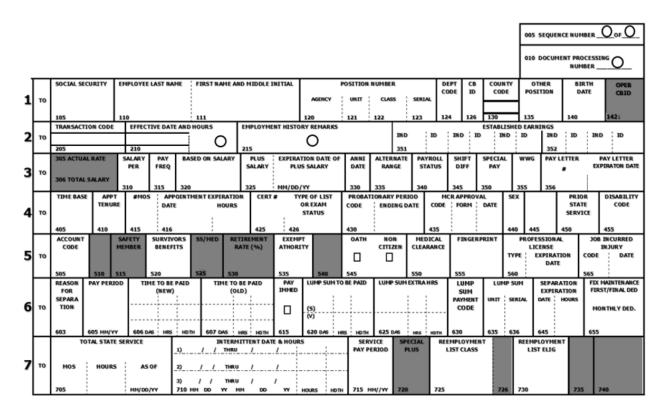


^{*} Use when employee's collective bargaining status changes and:

- is an exception to the CB ID shown for the class in the Pay Scales; or
- is no longer an exception to the CB ID shown for the class in the Pay Scales (shaded area information must be deleted from Item 126); or
- employee is in a "split class" (shown in the Pay Scales as U01-U21)
- ** 1) a 126 Transaction should only be effective at the beginning of a pay period and
 - 2) a 126 Transaction must not be used effective Prior to 12/02/81

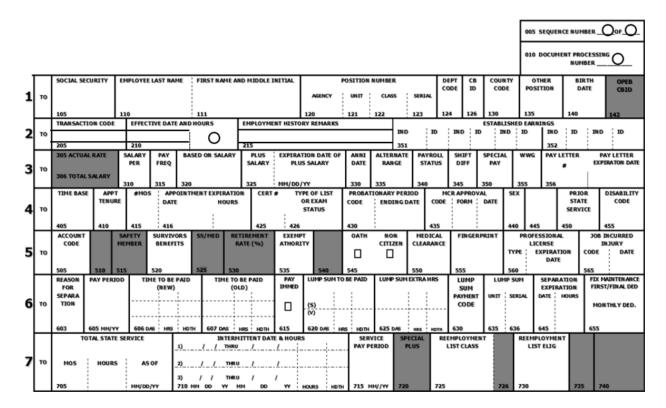
Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 - 9 Items



Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items



- 1. Refer to PAM Section 5 when documenting an overpayment on a separated employee.
- 2. Refer to PAM Page 5.99 when documenting a transaction that requires the entry of PML 2007-026 and Item #215 is not available for entry on the transaction being entered as a new transaction or correction.

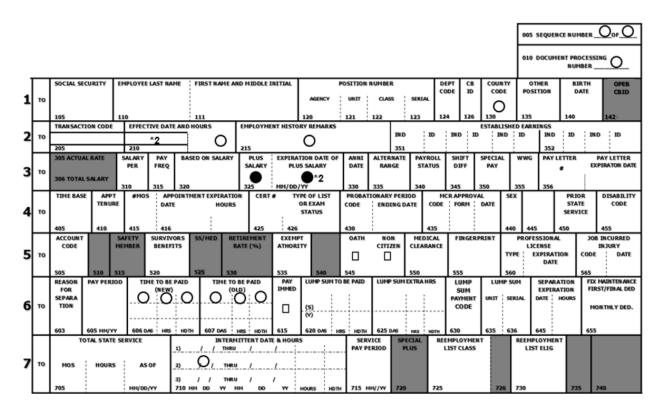
Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 - 9 Items

																					ſ	005 SEQUEN	ICE NUME	BER_	O _{0F} O
																					ſ	010 DOCUM	ENT PROG		<u>O</u>
1	то	SOCIAL SEC	URITY	EMI	PLOYEE	LAST NA	ME	FIRST NA	IE AND	MIDDLE	INITIAL	AGENCY		UNIT	CLAS		SERIAL	CODE	CB ID	CODI		OTHER POSITION	BIRTH		OPEB CBID
		105		110)			111				120		121	122		123	124	126	130	1	135	140		142:
_		TRANSACTI	ON CODE		EFFECT	TVE DAT	E AND H	OURS	۱ ا	MPLOYM	NT HISTO	RY REMAR	KS						- 1			ARNINGS			
2	то			Т				\circ	- 1			\circ				IND	п) in	D ID	IN	D ID	IND	ID	IND	ID
		205		_	210		_	$\overline{}$	_	215						351						352			
		305 ACTUAL	RATE		ALARY PER	PAY FREQ	BASE	D ON SAL	RY	PLUS SALARY		TION DATE S SALARY	OF	ANNI DATE	ALTER		PAYRO		HIFT	SPECIAL PAY	w	WG PAY I	ETTER		Y LETTER RATON DATE
3	то				PEK	riacy	1		- 1	SALART		S SALAKT	- 1	DATE	KAN	GE	SIAI	۱ ا ۳	,,,,,	PAT	1		•	. EAFI	MION DATE
-		306 TOTAL	SALARY	31	.	315	320		- 1	325	MM/DD	~		330	335		340	١,,	.	350	355	356			
		TIME BASE	APP	_	#MOS			ENT EXPIR	ATION	_		TYPE OF LIST			TIONARY PERIOD			_			SEX			R	DISABILITY
_		12.12.21.22	TENUE	RE		DAT				OR EXAM			1	CODE				0DE F	; FORM ; DATE					ATE CODE	
4	то			- 1	-					I .		STATUS											SERVI	SERVICE	
		405	410	- 1	415	416				425	426		- 1.	430			43			- 1	440	445	450	- 1.	iss
		ACCOUNT	122	_	ETY	SURVIV	_	SS/MED	RETI	REMENT	EXEMP	т		OATH	NO	N	MEDIC		FINGER	$\overline{}$		OFESSIONA		_	NCURRED
_		CODE		MEN	IBER	BENEF	ITS		RA	TE (%)	ATHORI	TY			CITIZ		CLEARA	NCE				LICENSE			JURY
5	то						- 1				ı									- 1	TYPE	EXPIRAT DATE		BODE	DATE
		505	510	e16		520		525	E20		535	540		545		- 1	550	Ι.	SS	- 1	560	DAIL		565	
	-		PAY PERI		_	IE TO BE	_	_	530 TO B	E PAID	PAY	LUMP SU	_		LUMP	_	XTRA HR	_	LUMP	_	SUM	SEPAR	_		AINTEN ANCE
		FOR				(NEW)		"	(OLD		IMMED								SUM		3011	EXPIR	MOITA	FIRST	/FINAL DED
_		SEPARA					<u>.</u>				I _				ı				YMENT	UNIT	SERIAL	DATE	HOURS		
6	то	TION			l			1	1			(S) (V)		· 				'	CODE	l :			- 1	MON	THLY DED.
							÷	1			1	(*)			ı					L			- 1		
			605 MM/Y			6 HRS	HDTH		_	S HOTH	_	620 DA6	HRS	_	_	A6	HRS H	_	_	635		645		655	
		то	TAL STATI	E SER	RVICE		•	TENT DAT	E & HOUR	s ,		SER\			US		LOYMEN	т :		REEMPLOYMENT LIST ELIG					
							1)	_!!	nku	-/	· / · - · - <u>†</u> ·			1 ~~ ~	RIOU	-	05	LIST	CDGS			LISTELLA			
7	то	MOS	HOURS	s :	AS	OF	2)	11.	HRU	/	.1			1							1				
							3)	, ,	THR U	,	,			l											
		705			MM/DD	m		1 DO Y			w	HOURS	нтан	715 H	IN//W	720		725		726	730	0	735	74	0

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items



- *1 For reporting initial plus salary and expiration date, changes or deletion.
- *2 For one-time adjustment of the annual salary for elected officials. This transaction is initiated by Personnel Operations. Personnel Operations will process an additional 325 transaction to remove the plus salary and expiration date. See page 2.43 for more information.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

873 – Salary Rate Substantiation, above minimum

955 - Multiple Hourly Rate

																		005	SEQUENCE	NUMBER	CO _{OF} CO
																		\vdash			
																		010	DOCUMENT	PROCES	SING O
I		SOCIAL SEC	URITY	EMP	LOYEE	LAST NA	ME ; I	FIRST NAME A	ND MIDDLE I	NITIAL		l.	DEP		COUNT		THER	BIRTH	OPEB CBID		
1	то										AGENCY	UNIT	CLASS	SERIA		~	"				Cem
ı		105		110			_	111			120	121	122	123	124	126	130	135	_	40	142
ᅬ		TRANSACTI	ON CODE		EFFECT	IVE DAT	E AND H	OURS	EMPLOYME	NT HISTO	RY REMARKS			IND :	1D ; 1	ND : ID		HED EARN		ıo :	ND ID
2	то							0			0		- 1		т ; т	10	IND	; ID			NO 110
ŀ	_	205	0.470	_	210 LARY	B.4.V		D ON SALARY	215	· supro.	TION DATE OF	I	ALTER	351	ROLL			1	352		
_		305 ACTUAL	RAIE		ER	PAY FREQ	BASE	D ON SALARY	PLUS SALARY		TION DATE OF IS SALARY	DATE	RANG			DIFF	SPECIAL PAY	wwG	PAY LETT		PAY LETTER EXPIRATON DATE
3	то	306 TOTAL S	SALARY	LARY			l						7			'''		ı	1 -		
ı					315	320		325	25 MM/DD/YY			330 335 340			45	350	355	356			
- 1							NT EXPIRATI			PE OF LIST OR EXAM		IONARY			APPROV		SEX		RIOR	DISABILITY	
4	то			×E	DATE			HOURS	' I	STATUS			CODE ENDING DATE COL			DE FORM DATE				RVICE	(006
٦			410						425 42			l		- 1		- 1	- 1.		.		I I
ŀ	_	405 ACCOUNT	410	_	415 TV	SURVIV	ops o	SS/MED RE	TIREMENT	EXEM		430 OATH	NON	$\overline{}$	435 :	FINGER	-	PROFE	SSIONAL	_	455 OB INCURRED
_I		CODE			BENEF			RATE (%)	ATHOR			CITIZEN		ANCE			LIC	ENSE		INJURY	
5	то						- 1								- 1		ין	TYPE ; E	XPIRATION DATE	COE	DATE DATE
- 1		505	510	515		520		525 530	,	535	540	545		550	- 1	555	Ι,	560	DAIL	565	
- 1		REASON	PAY PERI	_	_	E TO BE		TIME TO	BE PAID	PAY	LUMP SUM TO		LUMP	SUM EXTRA	_	LUMP	LUMP		SEPARATIO		X MAINTENANCE
- 1		FOR SEPARA		- 1		(NEW)		(0	rD)	IMMED	1 .		l		Ι.	SUM	UNIT :	CERTAL	DATE HOU		IRST/FINAL DED
6	то	TION		- 1			÷	·			(S)		ı	- 1 1	- 1	CODE	J CHILL	SERLIAL	i noo		MONTHLY DED.
-1				- 1			ļ	ļ		"	(v)		1				1 :	- 1			
		603	605 MM/Y	٧l	606 DA	6 HRS	нотн	607 DAS	HRS HOTH	615	620 DA6 H	RS HOTH	625 D	AG HRS	нотн 6	30	635	636	645	65	ss
		TO	TAL STAT	E SER	VICE	$\neg \top$			AITTENT DAT	E & HOUR	s ,	SER		SPECIAL		PLOYMEN	eT :		LOYMENT		
						- 1	1) / / THRU / / PAY PERIOD PLUS LIST CLASS								l us	TELIG					
7	то	MOS	HOUR	s ¦	AS	DF .	2)	/ / THR	· /	.1									- 1		
							3)	/ / THR	, ,	, :		1	- 1						- 1		
ı		705			MM/DO/	ΥY	710 MM	I DD YY	MM DD	w :	HOURS HOT	715 N	IN//YY	720	725		726	730		735	740

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

955 – Multiple Hourly Rate

																				00	S SEQUEN	CE NUMB	ER_O	F.O.
																				01	0 DOCUME	NT PROC		2
1	то	SOCIAL SEC	URITY	EMP	LOYEE LA	ST NAME	FIRSTN	AME AN	ID MIDDLE I	NITIAL	AGENCY		TION NUMBER NIT CLASS SERIAL			- 1	OEPT	ID CB	CODE		OTHER SITION	BIR'		OPEB CBID
2	то	105 TRANSACTI	ON CODE	110	EFFECTIVI	DATE AND	HOURS	П	EMPLOYME	NT HISTO	120 121 122 ORY REMARKS				T '			126	ESTABLE:	HED EA		140 ID	IND :	ID ID
		205 305 ACTUAL	RATE	SAI		PAY BA	SED ON SA	ALARY	PLUS SALARY		TION DATE O		NNI ATE	ALTER		PAYROLL	SHI		SPECIAL	i C		TTER	PAY LE	
3	то	306 TOTAL SALARY 310 315)		325	MM/DD		33	000			40	345	_	350	355	356		Lave	
4	то	TIME BASE	TENU		#MOS	DATE	MENT EXP	HOURS	N CERT		OR EXAM STATUS	COL			PERIOD NG DATE			PROVA		SEX		STATE SERVICE	C	ODE
5	то	ACCOUNT CODE	410	SAFE		416 IRVIVORS ENEFITS	SS/MED		425 FIREMENT ATE (%)	EXEMP ATHORI	т		ATH	NOI CITIZ		435 IEDICAL EARANCE		NGERF	RINT	PRO	45 4 FESSIONAL ICENSE EXPIRATI	DN C	JOB INCU INJUR	
		505 REASON	510 PAY PERI	515	52	O TO BE PAID	525	530	BE PAID	535 PAY	540	545	5		5S SUM EXT		55	S IMP	LUMF	560 SUM	DATE	_	65 FIX MAINT	ENANCE
6	то	FOR SEPARA TION			_ (Ö C		(OI		IMMED	(5)						PAY	UM MENT DDE	UNIT		EXPIRA DATE	TION	FIRST/FIN	IAL DED
			605 MM/Y	_		HRS HD		_	HRS HDTH	615	(V) 620 DA6	HRS		625 D		s нотн	630			636	645	_	655	
7	то	Mos :	HOURS		/ICE AS OF	1)	Ö				s 	'	SERV PAY PE		SPECI/ PLUS		LIST	CLASS	1		IPLOYMENT			
		705	HOUR		AS OF	3) 710	/ / HM DO	THRU THRU YY M	,	/ w	HOURS HE	тн 2	715 M	N//W	720	725			726	730		735	740	

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

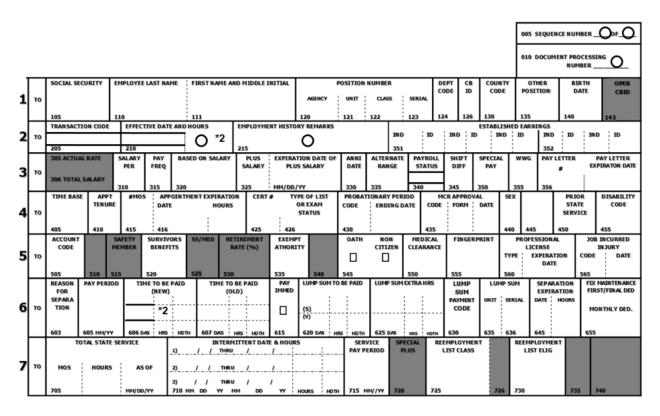
- 851 Alternate Salary Range Criteria (for Civil Service employee only)
- 863 Intermittent Hours Work Expected
- 864 Legal Reference for Annuitant
- 873 Salary Rate Substantiation, Above Minimum
- 876 Anniversary Date Second Accelerated
- 955 Multiple Hourly Rate
- 960 Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Alternate salary range other than "A"

Exception: If this transaction is moving the employee to range A, enter an 'X' in the "On File For Audit" box for system reasons.



- *1 This transaction is used to take employee off the payroll for 10/12 leave under Rule 369 (time off pay status under this rule *is not* considered a break in State service).
- *2 Hours must be blank for academic employees. Payroll for hours due employee must be documented on F674 to Payroll.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

895 - Academic Days Not Worked

																				_						
																				0	OS SEQUE	NCE NUM	BER_	Ο̈́Φ		
																				0	010 DOCUM	MENT PROM		NG O		
I		SOCIAL SEC	URITY	EMPL	OYEE LAST N	AME	FIRST NA	1E AND MIC	DLE INI	TIAL		POSIT	ON N	UMBER	ŧ.		DEPT	СВ	COUNT		OTHER	BIR		OPEB		
ا.										AGENCY	! UNI		CLASS		SERIAL	CODE	ID	CODE	P	POSITION:	DA	TE	CBID			
1	то										AGERCY	UNI	٠.	CLASS	•	SERIAL	l	ı	l	- 1		1				
- 1		105		110			111				120	121	١,	122		123	124	126	130	Ι,	35	140		142		
ı	\neg	TRANSACTI	ON CODE		FFECTIVE DA	TE AND		EMPL	OYMENT	HISTO	RY REMARKS			<u> </u>		163	221			_	ARNINGS	2.10	_	212		
2	то						O*2				_	IND ID				IN	o ; io		ID) ID	IND	ID			
4		205 210					O٤	215			0										352					
H	-	305 ACTUA	DATE	_	ARY PAY	1 20	SED ON SALA	_	us :	WDID A	TION DATE OF	AN	Т	ALTERI	351	PAYRO		IFT	SPECIAL	T wy	_	LETTER	-	AY LETTER		
_		303 ACTUA	LKAIL		R FREO		SED ON SALI		ARY :		S SALARY	DA		RAN		STATI		IFF	PAY	l ""	I'M	#		PIRATON DATE		
3	TO 306 TOTAL SALARY					1									_					ı		•				
	306 TOTAL SALARY 310			315	320		325	S MM/DD/YY				335 340				345 350			355	356						
ı	TIME BASE APPT					_	MENT EXPIR							PROBATIONARY PERIOD					_	SEX	1000	PRIO	ŔΤ	DISABILITY		
ا۔			TENUE	RE	DA	TE	HOURS						CODE ENDING DATE CO			ODE FORM DATE					STATI	_	CODE			
4	то		- 1						,	- 1			STATUS	ı							- 1	- 1		SERVI	Œ	
- 1		405	410	٠.	15 41	6		L.	125	426		430				43				440	445	450	- 1	455		
ŀ	\neg	ACCOUNT	12.0	SAFET		VORS	SS/MED	RETIREM	_	EXEMP	т	OA	TH	NOI	N T	MEDIC	_	INGERP	$\overline{}$	_	OFESSION		308	INCURRED		
_I		CODE		MEMB			3071110	RATE (9		ATHORI		l		CITIZ		CLEARA					LICENSE	_		INJURY		
5	то											lc	l				- 1		- 1	TYPE ;	EXPIRA		CODE	DATE		
П												Ι-		_			- 1		- 1	- :	DAT	_				
ŀ	-	505		515	520		525	530	_	PAY	LUMP SUM T	545	T		_	SSO CTRAHR	55		_	560	T	-	565	MAINTENANCE		
- 1		REASON FOR	PAY PERI	00	TIME TO B (NEV		TIM	(OLD)		IMMED	LUMP SUM 1	O BE PA	T an	LUMP	SUME	CIKAHK		UMP SUM	LUMP	SUM		RATION RATION		T/FINAL DED		
_		SEPARA		L	*2		- 1		- 1			:	- 1		:	:		YMENT	UNIT	SERIAL		HOURS				
6	то	TION		- 1		1					(S)	i	I				(ODE	li		1 :	- 1	МО	NTHLY DED.		
				-						_	(v)											- 1				
- 1		603	605 NN/Y	٠ I	606 DAG HR	S HDT	TH 607 DA	S HRS	HTCH	515	620 DA6	ars i H	пън 📗	625 D	AG .	HDS H	тн 630	,	635	636	645	- 1	655			
ı	\neg		TAL STATE	_		T		ERMITTEN				_	SERVI	_	SPEC	_	REEMPL			_	EMPLOYME	NT	Ť			
- 1						1)		THRU /	/	i.		P/	Y PER	RIOD	PLI	US	LIST	CLASS			LIST ELIG					
7	то					l.,								- 1												
1	10	MOS	HOURS	' i	AS OF	_2)	//	THRU /	/	· : -				- 1						1						
- 1						3)	1 1	THRU /	1					- 1						1						
- 1		705		i 14	IM/DD/YY	710	MM DD Y	MM Y	DO	w :	HOURS HD1	H 71	5 MM	v/w	720		725		726	730	,	735	7	40		

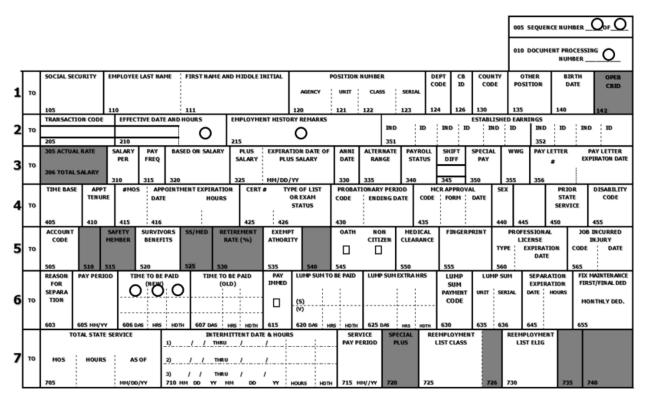
^{*2} Hours must be blank for academic employees. Payment for hours due employee must be documented on F674 to Payroll.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

895 – Academic Days Not Worked

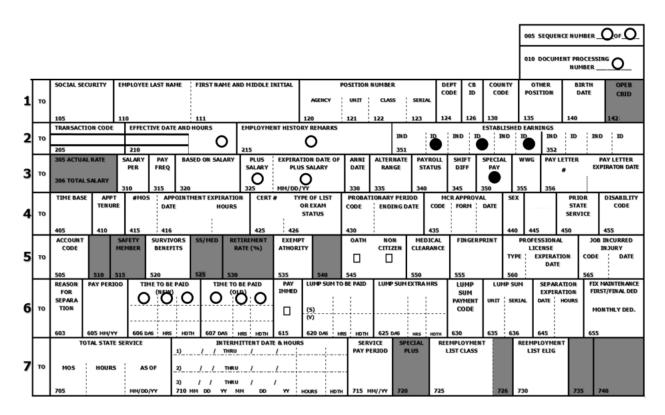
^{*1} This transaction is used to return employee to pay status from a 10/12 leave under Rule 369 (time off pay status under this rule *is not* considered a break in State service).



*345 transaction can only be effective at the beginning of the pay period. To report shift differential for other than beginning of the pay period <u>or</u> rotational shift refer to PPM Section G 050.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items



Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 - Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

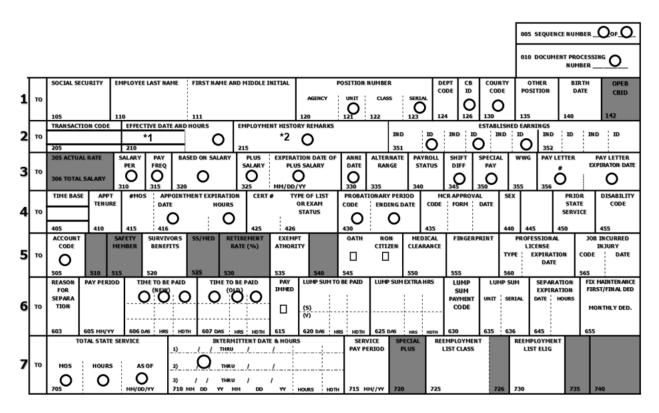
1. Bilingual Payment Authorization (Item 351)

																					ſ	005 SEQUEN	CE NUMI	BER_	Q _{oF} Q_
																					(010 DOCUM	ENT PRO	CESSIN	е О _
1	то	SOCIAL SEC	JRITY	EME	PLOYEE	LAST NA	ME	FIRST NA	4E AN	ID MIDDLE I	NITIAL	^	GENCY	POSITION UNIT		CLASS SERIAL			CB ID	COUN		OTHER POSITION	BIR DA		OPEB CBID
		105 TRANSACTIO	ON CODE	110		IVE DAT	_	111	_	EMPLOYME	120 EMPLOYMENT HISTORY REMA			121	122 123			124	126	130 ESTABL	_	35 ARNINGS	140		142
2	то	205		⇉	210			O 215				0				IND 351	п) IN	D I		D II		ID	IND	ID
3	то	305 ACTUAL		SALARY PAY B			BASE				TION IS SAI	DATE OF LARY	ANNI DATE	ALTER RAI		PAYRO		HIFT DIFF	SPECIAL			ETTER		AY LETTER IRATON DATE	
4	то							ENT EXPIR	ATIO URS	325 N CERT		D/YY TYPE OF LIST OR EXAM STATUS		PROBAT CODE	335 TIONAR' END	Y PERI		MCR A	PPROV		355 SEX	356	PRIOI STATI	E	DISABILITY CODE
		405	410	_	415	416	_	SS/MED	DES	425	426 EXEMP	_	_	430 OATH	. NO	Т	43 MEDIC		INGER	0011117	440	445 OFESSIONA	450	_	455 INCURRED
5	то	CODE	ACCOUNT SAFETY SURVI		BENEF	ITS					HORITY					CLEARA			- Kun I	TYPE	LICENSE EXPIRAT DATE	TON	TODE	NJURY	
6	то	REASON FOR SEPARA TION	S10 PAY PERI	_	_	S20 IE TO BE (NEW)	PAID	TIM	(01	BE PAID	PAY IMMED	(s)		S4S D BE PAID			EXTRAHR	S I	LUMP SUM NYMENT CODE		P SUM SERIAL	SEPAR. EXPIR. DATE	ATION ATION	FIRS	IAINTEN ANCE T/FIN AL DED
\mid	_	603 6 TOT	606 DA	NS HRS		IN	TERM	ITTENT DAT		_	D DAS H		VICE		CIAL	REEMP	LOYMEN	635 IT	RE	645 EMPLOYMEN	¢Τ T	655			
7	то	MOS HOURS AS OF			OF	1) / / THRU / / 2) / / THRU / /					PAY PERIOD PLI					PLUS LIST CLASS					LISTEUG				
		705			MM/DD	/٧٧	3) 710 MI	/ / M DD Y	THRU Y N	/ IM DD	′ w	HOUR	s Ноп	715	414//YY	720		725		72	6 730	0	735	74	10

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

405 (Excluding certification process and layoff situation)



- *1 405 Transaction can only be effective at the beginning of the pay period for EDD employee decreasing or increasing time base as a result of participation in the Voluntary Time Income Tradeoff (V-Time) program.
- *2 Required for EDD employee decreasing time base as a result of participation in V-Time program refer to PAM page 2.37.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

- 863 Intermittent Hours Work Expected
- 871 Right of Return Designation
- 879 Time Base Substantiation
- 891 Indeterminate Service Accumulation
- 957 Other Eligibility Substantiation
- 960 Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1. Bilingual Payment Authorization (Item 351)
- 2. Decrease in time base
- 3. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency

																			005	S SEQUEN	ACE NUMB	ER_O	DF_Q_
																			010	0 DOCUM	ENT PROC		0_
_		SOCIAL SEC	URITY	EMPLO	YEE LAST NA	ME F	FIRST NAME A	ID MIDDLE I	NITIAL			SITION				DEPT CODE	CB ID	CODI		OTHER SITION	BIRT		CBID OPEB
1	то	105		110		Ì.	111			AGENC 120		UNIT	122		ERIAL 23	124	126	130	135		140	14	2:
ŀ	$\overline{}$	TRANSACTI	ON CODE	_	ECTIVE DAT			EMPLOYME	NT HISTO		_	121	122	. 1	23	124			SHED EAS		140	-	
2		Troutswell	OR CODE			E ARD III	OURS	Enreothe	mi nasio	AT REPORT				IND	; ID	: IN	: 10		D ID	IND	; ID	IND :	ID
2	то			-	*2	_	0 1			O						1	-						
ı	-	205	-	210	_	_		215			_			351					-	352			
- 1		305 ACTUA	L RATE	SALA! PER		BASE	D ON SALARY	PLUS SALARY		TION DAT		DATE	ALTER		PAYRO		IFT IFF	SPECIAL PAY	wwe	PAYL	LETTER		ON DATE
3	то			PER	- I med	ı		SALAKT	, ,,,	3 SALAKT	- 1	UAIL	IOAR	٠ <u>ـ</u>	SIAIC	'Iʻ	"	rat	1	1	•	CAPTION	OIL DATE
-1		306 TOTAL	SALARY								- 1			- 1		I	. I.		1	1			
H	\dashv	TIME BASE	APPT	310	315	320	MT EVENERATIO	325 N CERT	MM/DD	PE OF LIS	╌	PROBATI	335	_	340	345	PROVA	350	355 SEX	356	PRIOR	Lore	ABILITY
- 1		TIME BASE APP				POINTMENT EXPIRATION HOURS				OR EXAM		CODE		NG DAT		DE : F				- 1	STATE	ATE CODE	
4	то					E HOOK		- 1		STATUS	H	CODE	- Citor	ma on	Ή "				- 1	- 1	SERVIC		
1		1 1		I I				- 1			L		1		┙			- 1	- 1	- 1		- 1	
ı	\dashv	405	410	415		_		425	426	_	_	430	<u> </u>	_	43	_	<u> </u>	$\overline{}$			450	455	
- 1		ACCOUNT CODE		SAFETY MEMBER				TIREMENT ATE (%)	EXEMI ATHOR			HTAO	CITIZ		MEDICA LEARAN		INGERP	RINT		FESSIONA ICENSE	۱ ۲	JOB INCU	
5	то	CODE		HEHOE	DEME	113	`	AIE (70)	AIIIOK	DRITY					LEARAN			- 1		EXPIRAT	ION C	ODE :	DATE
٦						- 1			l			ш	ш					- 1		DATE			
ı		505	510	515	520	5	525 530		535	540		545		5	50	55	5		560		5	65	
- [REASON	PAY PERI	OD	TIME TO BE		TIME TO		PAY	LUMP SI	и то в	BE PAID	LUMP	SUM EX	TRAHRS		JMP	LUMI	P SUM	SEPAR		FIX MAIN	
- 1		FOR SEPARA			(NEW	١.	(or	rd)	IMMED	ı			l		,		MU	UNIT :		EXPIRA DATE		FIRST/FI	NAL DED
6	то	TION				÷	- ! ! -			(S)			l				ODE	UNII	SERLIAL	LIMIE	HOURS	MONTH	V DED
٦				- 1			1	į	l ⊔	(v)		· †		·		·-· `					- 1	Houring	., 000.
- 1				1			1		l				l			- 1				1 :	- 1		
ı	\dashv	_	605 MM/Y	_	6 DAS : HRS	: HDTH				_	HRS	НТОН	_	_	_	_		635	_	645	_	655	
- 1		то	TAL STATE	SERVIC	Œ	1)		ITTENT DAT				SERV PAY PE		SPEC		REEMPL	OYMEN CLASS	т		IPLOYMEN IST ELIG	17		
							_//	/	·			1	idoo	120		CL31			I "	Di tu			
7	то	MOS	HOURS		AS OF	2)	/ / THRU	/	4			I											
ı						3)	/ / THRU	,	,			I											
- 1		705		MM	/DD/YY	710 MM			w	HOURS	нотн	715 M	M//YY	720	7	25		726	730		735	740	

*1 Use to Report:

- Completion of probationary period for intermittent or indeterminate or fractional time base employee.
- Extension of probationary period.

*2

- If reporting completion of probationary period for intermittent or indeterminate or fractional time base employee, the date must be the day after the completion date shown in Item 430.
- If reporting extension of probationary period per SPB Rule 321, the date must be the same that is printed in the shaded area of Item 430.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 - 9 Items

871 - Right of Return Designation

952 - Case No. and Date of Action

																				00	S SEQUE	NCE NUMB	ER Oof O
																				01	IO DOCUM	IENT PROC	
1	то	SOCIAL SEC	URITY	EMPLO	YEE LAST N	AME	FIRSTNA	ME AN	D MIDDLE I	NITIAL	AG	ENCY	POSITION	NUMBE CLAS		SERIAL	CODE	ID CB	COD		OTHER DSITION	BIR'	
		105		110			111	_			120		121	122		123	124	126	130	_	135 ED EARNINGS		142
2	то	TRANSACTI 205	ON CODE	210	*1	TE AND	C)	EMPLOYME 215	MT HISTO	DRY RE	MARKS			IND 351	10	IN	D ID		D ID	IND 352		IND ID
3	то	305 ACTUA		SALA PER	RY PAY		SED ON SAL	_	PLUS SALARY		TION I	DATE OF ARY	ANNI DATE	ALTER RAI	RNATE	PAYRO		IFF IFF	SPECIAL PAY	ww	_	LETTER #	PAY LETTER EXPIRATON DATE
		306 TOTAL		310	315	320			325	MM/DD			330	335		340	34	_	350	355	356		
4	то	TIME BASE	TENUR				MENT EXPIR	URS	N CERT	# T	OR EX	MA	CODE	TIONAR' END	ING DA		MCR A	PPROVA		SEX		STATE SERVICE	CODE
ŀ	_	405 ACCOUNT	410	SAFETY	_	_	SS/MED	RET	425 TREMENT	426 EXEM	_		430 OATH	; NO	n I	43 MEDIC	_	INGERF	RINT		445 FESSION	450 u	455 JOB INCURRED
5	то	CODE		MEMBE					ATE (%)	ATHOR				cm	ZEN	CLEARAI					EXPIRATE DATE	TION C	INJURY ODE DATE
ł	_	SOS REASON	510 S	_	520 TIME TO B	E PAID	525 TIM	530 E TO I	BE PAID	535 PAY	_	540 IP SUM T	545 D BE PAID	LUM		550 XTRA HR	55 5 L	SS UMP	_	560 : P SUM	SEPAR	ATION 5	FIX MAINTENANCE
6	то	FOR SEPARA TION			(NEW			(OL	D)	IMMED	(s) (v)						PA	SUM YMENT CODE	UNIT	SERIAL	DATE	ATION HOURS	FIRST/FINAL DED MONTHLY DED.
		603	605 MM/Y	, 60	06 DAS HR	S HOTI	H 607 DA	s i	HRS HDTH	615	Ι	DAS H	RS HOTH	625	DAS	HRS HD	тн 630	•	635	636	645		655
		то	TAL STATE	SERVIO	Æ.	1)	IN:		ITTENT DAT	& HOUR	85			VICE ERIOD		CIAL US	REEMPI LIST	OYMEN	Т		MPLOYME .IST ELIG	NT	
7	то	MOS	HOURS		AS OF					<i>i</i>													
١		705		ММ	/D0/YY	3) 710 N	//	THRU Y M	-	′ w	HOURS	ноп	715	HH//YY	720		725		720	730		735	740

*1 The current date must be used for Item 210 when reporting this transaction.

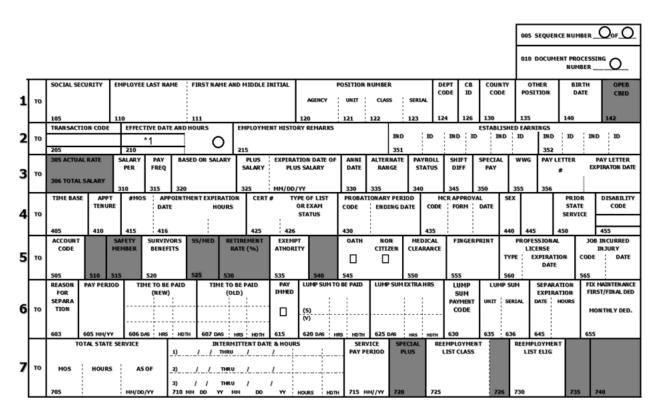
Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

This transaction is no longer in use. Prior to 03/07/22, the 445 transaction was used to update Ethnic Origin for an employee. Effective 03/07/22, Ethnic Origin information was moved to the Ethnicity Screen in the SCO ACAS system for active and temporarily separated employees. See SCO Personnel Letter #22-006.

Additional Information:

For additional information regarding Ethnic Origin effective 3/7/2022, please refer to:

- SCO Personnel Letter #22-006
- SCO Race and Ethnicity FAQ
- SCO User Guide for Keying Ethnicity into ACAS
- <u>CalHR Form 1070</u> (Rev. 03/22)



*1 The current date must be used for Item 210 when reporting this transaction.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

																				00	S SEQUE	NCE NUMB	ER_OofO
																				0:	IO DOCUM	IENT PROC	
I		SOCIAL SEC	URITY	EMPL	OYEE L	AST NAME	FIR	ST NAME A	ND MIDDLE	INITIAL		P	OSITION	NUMBE	R		DEPT	CB	COUN		OTHER	BIR	
1	то										AGEN	CY ;	UNIT	CLAS	s ;	SERIAL	CODE	10	1 00	' "	051110M	DA	Coro
٦											l	i						l	l	I.,	_	l	
ŀ	_	105 TRANSACT	ON CODE	110 F	FFECTIV	/E DATE A	111		EMPLOYM	NT HIST	120 ORY REMA	RKS .	121	122		123	124	126	130 ESTABLI	SHED EA	RNINGS	140	142
2	то	Troncis	OIL CODE	+	riccia	*2		^	Erar Corre	in inst		inte			IND	; ID	; IN	D ¦ ID		D ID	IND	ID	IND ID
٦		205		2	10		+	O	215		O				351						352		
1		305 ACTUA	LRATE	SAL			BASED (N SALARY	PLUS		ATION DA		ANNI	ALTER		PAYRO		IFT	SPECIAL	ww	G PAY	LETTER	PAY LETTER
3	то			PE	R	FREQ			SALARY	PL	US SALAR	Y	DATE	RAN	IGE	STATU	JS D	IFF	PAY	1	- 1		EXPIRATON DATE
٦		306 TOTAL	SALARY	310	- 1,	315	320		325	MM/DO	///		330	335		340	34	ιl	350	355	356		
ı		TIME BASE	APP	_	#MOS			EXPIRATION		_	YPE OF LI	ST	PROBAT		PERIO	_		PPROVA		SEX	1 330	PRIOR	DISABILITY
4	то		TENUE	RE		DATE		HOURS	·		OR EXAM		CODE	END	ING DA	TE CO	DDE ¦ F	ORM ;	DATE		- 1	SERVIC	
٦	10		1	-				:	- 1	:	SIATOS							- 1			- 1	SERVIC	^
ļ	_	405	410	_	15	416	- 1	:	425	42	_	_	430	1		43	_	- :		_	445	450	455
١		CODE		SAFE1 MEMB		URVIVOR BENEFITS			TIREMENT RATE (%)	ATHOR			OATH	CITI		MEDICA CLEARAN		INGER	PRINT		FESSION/ LICENSE	<u> </u>	JOB INCURRED INJURY
5	то																			TYPE			ODE DATE
١		505	510	E1E		20	525	530		535	54	. ا	545		Ί.	550	55			560	DATE		6S
ł		REASON	PAY PERI	_	_	TO BE PA	_		BE PAID	PAY	LUMP	_	BE PAID	LUME	_	(TRA HR	_	UMP	LUM	P SUM	SEPAR	ATION	FIX MAINTENANCE
١		FOR SEPARA				(NEW)	- 1	(0	rD) '	IMMED	'l			ı				SUM	l	SERIAL	EXPIR DATE	MOITA	FIRST/FINAL DED
6	то	TION		-		÷÷				1 🗖	(5)			ı	- 1			YMENT	UNII	SERLIAL	DATE :	HOURS	MONTHLY DED.
٦				-		ļļ				1 "	(v)			1					1 3		1 :	- 1	
١		603	605 MM/Y	, I	606 DA6	HRS	нтан	607 DAS	HRS HOTH	615	620 DA	6 Ня	в нотн	625	DAG :	HRS ! HD	тн 630	0	635	636	645		655
1		то	TAL STATE	SERV	ICE				AITTENT DAT	E & HOU	RS			VICE	SPEC		REEMPL		T		MPLOYME	NT	
⅃						_1)	/	/ THRU	·/	/ / PAY PERIOD PLUS LIST CLASS					ı '	TRI ELIG							
7	то	MOS	HOURS		AS O	F _2)		/ THR	· /	.1		ļ											
١						3)	-	/ THR		1			1										
ı		705		M	M/DO/Y	Y 71	10 MM 0	00 W I	HM DD	w	HOURS	HDTH	715 N	IM//W	720	7	725		72	730		735	740

*1 If any time after appointment, employee qualifies for PERS membership, report a 505 Transaction effective not later than the first of the pay period after employee works the qualifying time.

If a change in time base qualifies the employee for PERS membership, complete Item 505 on the Appointment/Time Base Change Transaction which qualifies the employee for membership.

If erroneous information was entered in Item 505 for an appointment, report a corrected appointment transaction.

*2 Must be a current month effective date for exempt employees who elect PERS membership after their appointment. Employees should contact PERS directly regarding eligibility for retroactive service for retirement purposes.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

861 – Health and Welfare Benefits

																00:	S SEQUEN	ICE NUMBE	r Oof O
																01	0 DOCUM	ENT PROCE	R
1	то	SOCIAL SEC	URITY	EMPLOYEE	LAST NAME	FIRST NAME A	ND MIDDLE	INITIAL	AGENCY	POSITION	CLASS	SERIAL	1	ID	COUN	E PO	OTHER SITION	DATE	
ŀ	_	105 TRANSACTI	_	110	TRUE DATE A	111	ELIDI OVII		120 RY REMARKS	121	122	123	124	126	130	135		140	142
2	то	205	ON CODE	210	TIVE DATE A	O	215	MI HISTO	KY REMARKS		- 1	IND :	ID I	ND ID		SHED EAR	IND 352	10	IND ID
3	то	305 ACTUAL		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY		TION DATE OF S SALARY	DATE	ALTERI	NATE PAYE		DIFF	SPECIAL	wwo	$\overline{}$	ETTER #	PAY LETTER EXPIRATON DATE
ļ				310		20	325	MM/DD/		330	335	340	_	_	350	355	356		
4	TIME BASE APPT #MC				S APPOI DATE	HOURS			PE OF LIST OR EXAM STATUS	CODE	ENDI			APPROVA FORM		SEX		PRIOR STATE SERVICE	CODE
ı		405	410	415	416		425	426		430	<u> </u>		35			440 4	45	450	455
١		ACCOUNT CODE		SAFETY MEMBER	SURVIVOR BENEFITS		TIREMENT	EXEMP ATHORI		OATH	CITIZ			FINGERF	PRINT		FESSIONA .ICENSE	L .	JOB INCURRED INJURY
5	то	Sos	510 5		520			535	540	545		550		sss			EXPIRAT: DATE		DATE DATE
ŀ	-		PAY PERIO	_	ME TO BE PA		BE PAID	PAY	LUMP SUM T		LUMP	SUM EXTRA H	_	LUMP	LUM	P SUM	SEPARA	_	FIX MAINTENANCE
6	то	FOR SEPARA TION			(NEW)	(0	(D)	IMMED	(S)					SUM AYMENT CODE	UNIT	SERIAL.	DATE		FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 D	A6 HRS	IDTH 607 DAS	HRS HOTH	615	(V) 620 DAS H	IRS HOTH	625 D	A6 HRS	нотн б	30	635	636	645		655
		то	TAL STATE	SERVICE	1)		AITTENT DAT	E & HOURS	:		VICE ERIOD	SPECIAL PLUS		PLOYMEN T CLASS	Т		IPLOYMEN	IT	
7	то	MOS	HOURS	AS	OF _2)			.1								'			
ı		705		MM/DO)/YY 71	/ / THR		' w	HOURS HDT	H 715 N	IN//W	720	725		72	730		735	740

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

																			_				
																			٥	05 SEQUE	NCE NUM	BER_	O _F _O
																			0	10 DOCUM	NUME		0
I		SOCIAL SEC	URITY	EMPLO	YEE LAST N	AME	FIRST NA	ME A	ND MIDDLE I	NITIAL		POSITION	NUMBE	R		DEPT	СВ	COUN	TY	OTHER	BIR	TH	OPEB
1	то										AGENCY	UNIT	CLAS	ss :	SERIAL.	CODE	ID	COD	E P	OSITION	DA	TE	CBID
- 1		105	- 1	110			111				120	121	122	٠,	23	124	126	130	13	35	140		142
1		TRANSACTI	ON CODE	EF	FECTIVE DA	TE AND	HOURS		EMPLOYME	NT HISTO	RY REMARKS							ESTABLI	SHED E	RNINGS			
2	то			+			_							IND	; ID	IN	D ; ID	IN	D ¦ ID	IND	ID	IND	ID
٦		205		٠.			\circ	'	215	C)			351						352		:	
H	_			SALA		1											 T				_		
- 1		305 ACTUA	LKAIE	PER			SED ON SAI	LAKY	PLUS SALARY		TION DATE OF S SALARY	DATE	ALTER RAN		PAYRO		IFF	SPECIAL PAY	. wv	IG PAY	LETTER		Y LETTER RATON DATE
3	то					1			SHURK		3 SHOW	- Delice			Jinie	~ ·	I		1	- 1	#		
-1		306 TOTAL	SALARY		l	l			l				l	- 1		Ι.,	. 1.		355				
H	_	TIME BASE	APPT	310	315 MOS : AF	320	MENT EXPI	DATE	325 N CERT	MM/DD	PE OF LIST	PROBAT	335	V DEDTO	340	34	PPROVA	350	SEX	356	PRIO	٠.	DISABILITY
- 1		THE BASE	TENUR		DA			OURS			OR EXAM	CODE		ING DAT		DE : F			SEX		STATI		CODE
4	то			Т			HOURS		1		STATUS	-		ING DA					- 1		SERVI		
٦			1	1					- 1			l			- 1			- 1	- 1				
ı		405	410	41	_			_	425	426		430	<u>:</u>		43	_		\rightarrow	_	445	450	_	55
- 1		ACCOUNT CODE		SAFETY 4EMBE			SS/MED		TIREMENT	EXEMP ATHORI		OATH	NO		MEDICA		INGERE	RINT		DFESSION.	AL.		ICURRED JURY
5	то	CODE	l '	1EMBE	R BENE	HIS		l ^K	ATE (%)	ATHOR	114	_ cm			LEARAN	MCE		- 1	TYPE !	LICENSE EXPIRA	TTON .	ODE	DATE
기	10									ı				,		\neg		- 1		DAT		.002	DATE
- 1		505	510 5	15	520		525	530		535	540	545			50	s	55	- 1	560		,	65	
ı		REASON	PAY PERIO	_	TIME TO B	E PAID	TI	_	BE PAID	PAY	LUMP SUM T		LUM	P SUM EX		_	UMP	LUM	P SUM	SEPAR	MOITA		AINTEN ANCE
- 1		FOR			(NEW)		(0)	LD)	IMMED	l .		1				SUM				MOLTA	FIRST	/FINAL DED
اء		SEPARA		I							I :		1	- 1			YMENT	UNIT	SERIAL	DATE	HOURS		
6	то	TION		- 1			- 1				(5)	4	.			l °	ODE				- 1	MON	THLY DED.
- 1						·		·÷·			(v)		1	- 1	- 1	- 1		l		1 :	- 1		
- 1		603	605 MM/YY	60	06 DAG HR	нот	н 607 р	AS :	HRS HOTH	615	620 DAS	ers HDTH	625	DAS :	IRS HD	тн 63	0	635	636	645	- 1	655	
ı		TO	TAL STATE	SERVI	E			_	ITTENT DAT	E & HOUR			VICE	SPEC	_	REEMP	OYMEN	т	REE	MPLOYME	NT	Т	
- 1						1)	!!.	THRU	/			PAY P	ERIOD	PLU	IS	LIST	CLASS			LIST ELIG			
퀽	то	****	Haurs			L.,				. :	- 1	1											
1	.0	MOS	HOURS		AS OF	_2)		THRU	! <i>!</i>	.4													
- 1				1		3)	1 1	THRU	1	/		1											
ı		705		MM	/DD/YY	710 1	MM DD	W 1	4M DD	w	HOURS HDT	H 715 N	en//w	720	7	25		72	6 730		735	74	0

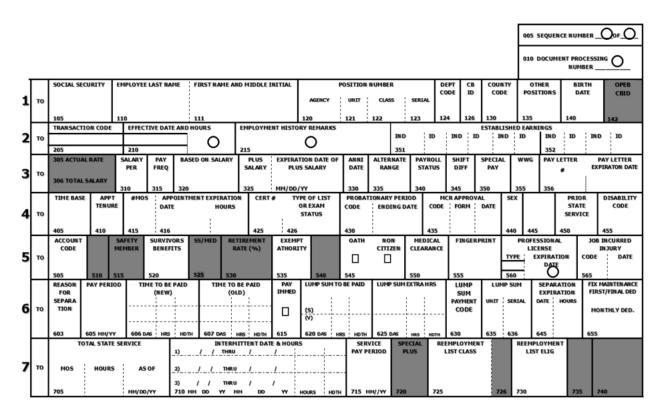
Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

																					_					
																					[005 S	EQUENC	E NUMBE	R_Oof_C)
																						010 D	OCUMEN	NT PROCE NUMBE	RO	
I	\neg	SOCIAL SEC	CURITY	EMP	LOYEE LA	ST NAM	E F	IRST N	AME A	ND MIDDLE	INITIAL	Г	PC	OSITION	NUMBE	R		DEP		COU		ОТН		BIRT		П
1	то		- 1				- 1					AGEN	~ '	UNIT !	CLAS	· ·	SERIAL	COD	E ID	COL	DE S	POSIT	101	DATE	CBID	
ᅦ	10		- 1				- 1					-	٠ :	·	con	~ :	JERUAL	1	1	1	- 1		- 1			
ı		105		110			1	11				120		121	122	_ ::	123	124	126	130		135		140	142	
_[TRANSACT	ON CODE	_	EFFECTIV	E DATE	AND HO	URS		EMPLOYM	ENT HIST	DRY REMA	RKS							ESTABL						
2	то)				IND	- 11	D 1	ND IC	111	ID I	D	IND	ID :	IND ID						
١	_	205			210			$\overset{\smile}{}$		215						351							352			
- 1		305 ACTUA	L RATE			PAY	BASEC	ON SA	LARY	PLUS SALARY		ATION DA US SALAR		ANNI DATE	ALTER		PAYR STAT		SHIFT DIFF	SPECIA PAY	r N	IMC	PAY LE		PAY LETTER EXPIRATON DA	
3	то			ľ	" I	rac Q				SALAKT		US SALAR	' I	DATE	, rou	i GE	SIA	us	, I	PAT	-	- 1	#	٠.	CAPINATOR DA	
-		306 TOTAL	SALARY	310	,],	15	320			325	MM/DE	/22		330	335		340	Ι,	45	350	35	s I	356			
ı	\neg	TIME BASE	APPT	_	#M05			NT EXP	IRATIO			YPE OF L	ST	PROBAT		Y PERIO	_	_	APPROV	_	SEX	<u> </u>	T	PRIOR	DISABILI	Y
ام			TENURE DATE HOURS OR EXAM				ı I	CODE	END	ING DA	TE C	300E	FORM :	DATE		l		STATE	CODE							
4	то		1	- 1						- 1		STATUS	- 1									l		SERVICE		
١		405	410	- 4	415	416		- 1		425	426			430	:		4	35			440	445	4	50	455	
-[ACCOUNT		SAFETY SURVIVOR				S/MED		TIREMENT EXEM		•		OATH	NO								SIONAL	\neg	JOB INCURRED	
5	то	CODE		MEME	BER	BENEFIT	s III		"	ATE (%)	ATHOR	TIA			СШ		CLEARA	NCE			TYPE	LICE	NSE PIRATIO	l cc	INJURY DE ! DATE	
ᆁ	"						-					-				'		Г					DATE			
١		505	510	515	52	0	5	25	530		535	54		545		_	550		555		560			56		
١		REASON	PAY PERIO	OD		TO BE P	AID	TI		BE PAID	PAY IMMED		OTMU	BE PAID	LUM	SUME	XTRAHI	ષ્ઠ	LUMP	LUN	4P SUM		SEPARAT		FIX MAINTENAN FIRST/FINAL DE	
- 1		FOR SEPARA		- 1	,	(NEW)		l	(0	LD)	1 Trivaco	1	:	:	ı			١,	SUM PAYMENT	UNIT	SERLA		EXPIRAT ATE : H		FIRST/FIRME DE	
6	то	TION		ı l				·			1 🗆	(S)		. İ	I	<u>i</u>	<u>i</u> .	[CODE			~ ~			MONTHLY DED	١.
				- [-		ļ		ļ			1 –	(v)			1					1		-		- 1		
١		603	605 MM/YY	,	606 DA6	HRS	нотн	607	DAS	HRS HDTH	615	620 D	6 HRS	нотн	625	DAG	HRS !	отн б	30	635	636	64	45		555	
1		то	TAL STATE	SERV	/ICE	\top		1		ITTENT DAT	E & HOU	RS			VICE	SPEC			PLOYME	IT .	R		OYMENT			
١						-1-1)	.!!.	THRU	/	-4		ļ	PAY P	ERIOD	PL	US	LIS	T CLASS			LIST	ELIG			
7	то	MOS	HOURS	:	AS OF	2)	, ,	THRU	, ,	,			l												
				i		3	`	, ,	THRU		,			1												
١		705		١,	MM/DD/YY		10 MM	DD		M DD	'w	HOURS	нотн	715 M	IN//YY	720		725		72	6 73	30		735	740	

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

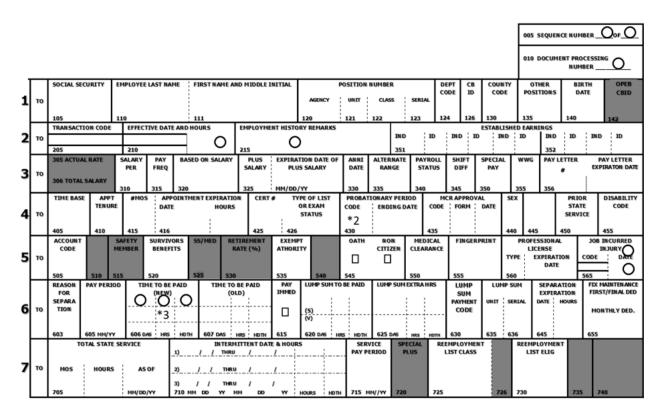
Lines 8 – 9 Items



Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

884 - License - Additional



- *1 See PAM Section 5 before documenting a job incurred injury or illness or subsequent return to work.
- *2 When the probationary period must be extended, submit a 430 Transaction. See Rule 321 before documenting the 430 Transaction.
- *3 Do not enter for positive attendance employees.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

957 – Other Eligibility Substantiation

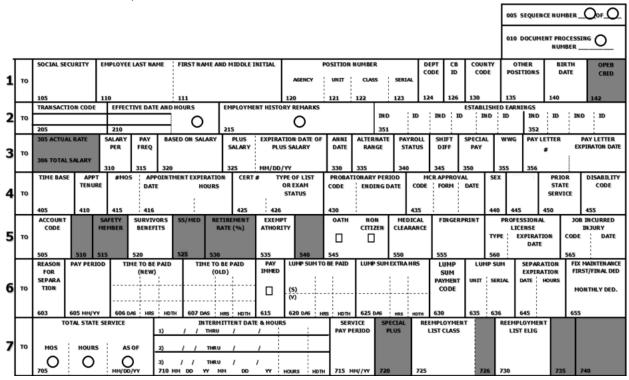
																				00	OS SEQUE	NCE NUME	BER_	Q _{of} _Q
																				01	10 DOCUM	IENT PROG		e O
T		SOCIAL SEC	URITY	EMPLO	YEE LAST NA	AME ;	FIRSTN	AME AN	D MIDDLE	INITIAL		P	DSITION	NUMBE	R		DEPT	СВ	COUNT		OTHER	BIR		OPEB
1			- 1								AGEI	-CV !	UNIT !	CLAS		SERIAL	CODE	ID	CODE	P	OSITIONS	DA	TE	CBID
ᅬ	то		- 1			- :					-			CLAS		JERLINE	l	l	l			1		
- 1		105	- 1	110			111				120		121	122	- 1	123	124	126	130	13	35	140		142
1		TRANSACTI	ON CODE	EF	FECTIVE DAT	E AND H	ours	Т	EMPLOYM	NT HISTO	DRY REM	ARKS							ESTABLIS	SHED EA	RNINGS			
2	то			\top	*1		\mathcal{C}	νI							IND	п) IN	D ¦ ID	INC	OI ; C	IND	ID	IND	ID
╗		205		21		-	(215						351						352			
1	\neg	305 ACTUAL	RATE	SALA	RY PAY	BASE	D ON SA	LARY	PLUS	EXPIRA	ATION DA	ATE OF	ANNI	ALTER	NATE	PAYRO	LL SH	IFT	SPECIAL	ww	G PAY	LETTER	P	AY LETTER
3	то			PER	FREQ	1			SALARY	PL	US SALAF	ξY	DATE	RAN	IGE	STATI	US D	IFF	PAY	1	- 1	*	EXP	IRATON DATE
ᆁ	10	306 TOTAL SALARY			1														1 1					
ı	_			310	315	320			325	MM/DD			330	335		340	34	_	350	355	356		Ц.	
- 1		TIME BASE	APPT TENUR			POINTM			N CERT	# T	OR EXA		PROBAT					PPROVA		SEX		PRIOR		CODE
4	то			•	DAT	E	HOURS		1		STATUS		CODE	END	ING DA	TE O	ODE ; FO	ORM ;	DATE			SERVI		CODE
וד			1	1			:		- 1	1	2111110	· 1				- 1		i	- 1			32.1112	<u> </u>	
ı	_	405	410	41	5 416			_	425	426		_	430	<u>:</u>		43	s :	;		440	445	450		455
- 1		CODE		SAFETY			SS/MED		TE (%) ATHORI				HTAO			MEDIC	RANCE FINGER		PRINT		XFESSION/ LICENSE	AL.		INCURRED NJURY
5	то	CODE	l I'	HEHDE	DENE	113		~	VIE (40)	ATHOR	*"					CLEARA			- 1	TYPE :	EXPIRA'	TION C	ODE	DATE
ᆁ						- 1				ı	-		ш		'		- 1		- 1		DAT			
ı		505	510 5	515	520		525	530		535	_		545			550	55	5	:	560			65	
- 1			PAY PERIO	D D	TIME TO BE		TI		BE PAID	PAY IMMED	LUMP	SUMTO	BE PAID	LUMP	SUME	CTRAHR	-	UMP	LUMP	SUM		ROTTAL		T/FINAL DED
- 1		FOR SEPARA		- 1	(NEW	' :	1	(or	· .	Irtraco	1		:	ı				SUM YMENT	UNIT :	SERTAL		HOURS	FIRS	I/FIRME DED
6	то	TION					+				(5)			ı	- 1			ODE			-		MOI	THLY DED.
П						.i	.l			1 -	(v)			1							1 :	- 1		
- 1		603	605 MM/YY	. 60	06 DAG HRS	нотн	607	DAS :	IRS HOTH	615	620 p	AS HE	HTCH	625 (DAS :	HRS ! HC	отн 630		635	636	645	- 1	655	
ŀ	\neg		TAL STATE	_		- Jacobs			ITTENT DAT	_	_	, na	_	VICE	SPEC	_	REEMPL			_	MPLOYME	NT	1	
- 1						1)	_!!	THRU	/			J	PAY P	ERIOD	PLI	US	LIST	CLASS		l t	IST ELIG			
7	то	MOS :	HOURS	,						. !		1	ı											
•		MOS	HOURS	-	AS OF	-49	11	INKU	/	-4		- -	1											
- 1				-		3)	1 1	THRU	1	/		1								I				
- 1		705		, MM	I/DD/YY	710 M	4 DD	W N	M DD	**	HOURS	HDTH	715 N	IN//YY	720		725		726	730		735	74	10

*1 The current date must be used for Item 210 when reporting this transaction.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

To be used for:

- Layoff purposes; or
- Personnel Operation



Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 - 9 Items

																				00	S SEQUE	NCE NUM	BER_	<u>O_{0F}O</u>
																				0:	10 DOCUM	IENT PRO NUM		0
Ţ		SOCIAL SE	URITY	EMPL	OYEE L	AST NAME	FIRST	NAME A	ND MIDDLE	INITIAL							DEPT CB CODE ID		COUNT		OTHER OSITIONS	BIRTH S DATE		OPEB CBID
1	то										AGENC		UNIT	CLAS		SERIAL.			l		-	l		
ŀ	-	105	_	110			111				120	_	121 :	122	- : 1	23	124	126	130	13		140		142
ᅬ		TRANSACT	ON CODE	_ t	FFECTI	VE DATE A	ID HOURS		EMPLOYME	ENT HISTO	DRY REMA	RKS			IND	; 1D		D : 1D	ESTABLIS	HED EA	RNINGS I IND	: 10		: 1D
2	то			- 1	*	1)	*	3 C)				IND	10	INI	ם יַ יַ	INU	1 10	INU	10	IND	10
L		205		2	10				215						351						352		:	
- [305 ACTUA	L RATE		ARY		BASED ON	SALARY	PLUS		ATION DAT		ANNI	ALTER		PAYRO			SPECIAL	ww	G PAY	LETTER		AY LETTER
3	то			PE	ER	FREQ			SALARY	PLI	US SALARY	' I	DATE	RAN	IGE	STATU	S D	IFF	PAY	ı	- 1	#	EXP	IRATON DATE
ᆁ		306 TOTAL	SALARY	ı	- 1				1			- 1	ΟI		- 1		- 1	- 1		ı	- 1		1	
L				310		315 3	20		325	MM/DD	/\		330	335		340	345	5	350	355	356			
- 1		TIME BASE			#M05		TMENT EX			# T	YPE OF LI		PROBAT					PPROVA		SEX		PRIO		DISABILITY
ام	то	TENUI		Æ		DATE		HOURS			OR EXAM STATUS			CODE ENDING DATE CO			CODE FORM DATE			- 1		STAT	_	CODE
쒸	10		1	- 1		1			- 1		SIAIUS	- 1				- 1		- 1	- 1	- 1		SERVI	œ I	
- 1		405	410	I₄	15	416			425	426		- 1.	430			435	s :		- 14	140	445	450	- 1	455
1	\neg	ACCOUNT		SAFE	TY S	SURVIVORS	SS/ME	D RE	TIREMENT	EXEM	PT		OATH	NO	N	MEDICA	AL F	INGERF	RINT	PRO	FESSION	AL.	308	INCURRED
_I		CODE		MEMB	ER	BENEFITS			RATE (%)	ATHOR	ITY			CITIZ	ZEN C	LEARAN	CE				LICENSE		1	NJURY
5	то				-						-				1 I		- 1		ין	TYPE ;	EXPIRA		CODE	DATE
П											-		_	_			- 1		- 1	- 1	DAT			
ŀ	_	505		515		20	525	530		535	540	_	545		_	50	55			560 :			565	
- 1		REASON FOR	PAY PERIO	OD		E TO BE PAI (NEW)	D		BE PAID	PAY IMMED	LUMPS	UMTO	BE PAID	LUMP	SUM EX	TRAHRS		UMP SUM	LUMP	SUM		RATION		T/FINAL DED
- 1		SEPARA		- 1		(actr)	- 1				1	:	:	ı		:		YMENT	UNIT :	SERIAL		HOURS	12.0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	то	TION		- 1		† †				1 0	(5)		1	ı	- 1			ODE					мон	THLY DED.
7		_ I		L		: :	— I			1 -	(v)			1					l i		L			
- 1				. Т		. ! ! .		!		l			1								I			
ŀ	-	_	605 MM/YY	_		HRS I	ютн 60.	_	HRS ! HDTH		_	HRS	HOTH	_	SPEC	RS ! HD	REEMPL		635	_	645 MPLOYME		655	
ı		10	TAL STATE	SEKV	ICE	1)	,	THRU	AITTENT DAT	/ !			SER\ PAY PE		PLU			OYMEN			MPLOYME .IST ELIG	* ·		
_I						- " -							1		- 10					I Ì				
7	то	MOS	HOURS		AS O	F 2)	//	THR	<i></i>				⊢—											
- 1		\circ	0	- 1	\circ	3)	, ,	THR	. ,	,														
- 1		705			IM/DD/Y) MM DD		MM DD	′ w	HOURS	нотн	715 M	M//W	720	7	25		726	730		735	74	10

*1 Use the last day of the non-qualifying or qualifying pay period.

*2 For:

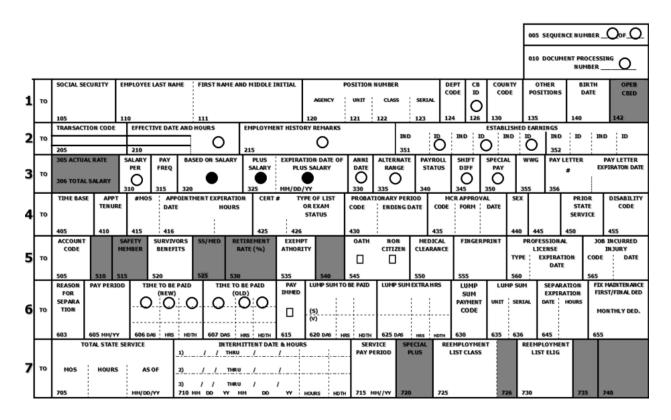
- Temporary Leaves of 30 calendar days or less (per CCR 599.781) resulting in a non qualifying pay period. DO NOT USE TO PLACE EMPLOYEE ON TEMPORARY LEAVE IMMEDIATELY FOLLOWING A S49. See PAM Section 5 and S54 Transaction before documenting this kind of transaction.
- Qualifying a pay period while on NDI. See pages 5.30 for more information.
- California Conservation Corps (CCC) employees pending WCTD and pay period is non-qualifying **OR** on WCTD covered by Federal funds.
- Qualifying a pay period while on SDI.
- Qualifying a pay period while employee is on dock and furlough.
- *3 Required for CCC employees on approved Federally funded WCTD. (See Section 2.356 and Section 5.)

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

876 – Anniversary Date – Second Accelerated

960 – Corrected Transaction Identifier

GEN



Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

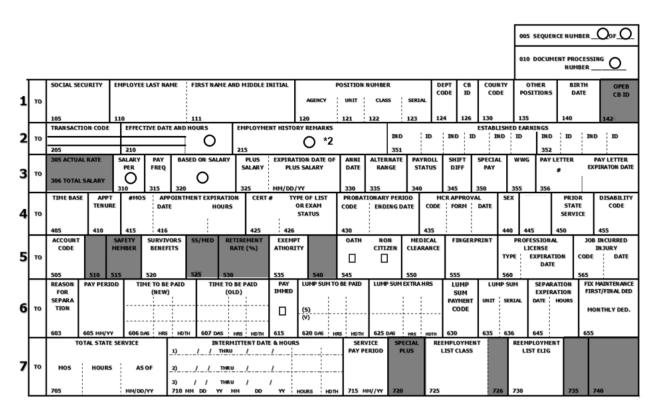
Lines 8 – 9 Items

851 - Alternate Range Criteria

955 - Multiple Hourly Rate

960 - Corrected Transaction Identifier

MHR



- *1 Use for multiple hourly rate or trade rate change with or without a multiple hourly rate.
- *2 When employee has multiple hourly rates in excess of \$99.99. PAR must be sent to SCO/PPSD for processing. See Item 215.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 - 9 Items

955 – Multiple Hourly Rate

960 - Corrected Transaction Identifier

MSA

See PAM Section 4 before documenting an MSA Transaction

																	00	S SEQUEN	NCE NUM	BER_	O _F _O_
																	01	IO DOCUM		CESSING BER	0
1	то	SOCIAL SEC	URITY	EMPLOY	EE LAST N	MME F	IRST NAME A	ND MIDDLE I	NITIAL	POSITION NUMBER AGENCY UNIT CLASS					EPT C			OTHER DSITIONS		TH TE	OPEB CB ID
2	то	105 TRANSACTI	ON CODE	110 EFF	ECTIVE DA		ours	EMPLOYME	NT HISTO	120 RY REMARKS	121	122	IND	; 1D	12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	ESTABLI	ESTABLISHED EA		140 ID	; IND	142 ; ID
	-	205 305 ACTUAL	. RATE	SALAR PER	Y PAY		O ON SALARY	PLUS SALARY		TION DATE OF	ANNI DATE	ALTER RAN		AYROLL	SHIFT	SPECIAL	T ww	352 G PAY I	LETTER PAY		LETTER
3	то	306 TOTAL		310	315	320	0	325	MM/DD/	Õ	330	335	34	10	345	350	355	356	•		
4	то	TIME BASE	TENUE		IOS AP		HOURS			PE OF LIST OR EXAM STATUS			PERIOD NG DATE		FORM		SEX		PRIO STAT SERVI	E	CODE
5	то	ACCOUNT CODE	410	SAFETY MEMBER	SURVI	ORS S		425 TIREMENT MATE (%)	EXEMP ATHORI		430 OATH	NO.	EN CLE	435 EDICAL ARANCE	FINGE	RPRINT	PRO	445 FESSIONA LICENSE EXPIRAT		JOB IN	CURRED DURY DATE
Ĭ		505 REASON	510 PAY PERI	515 OD	520 TIME TO BE		25 530 TIME TO	BE PAID	535 PAY	540 LUMP SUM TO	545		550 SUM EXTR		555 LUMP	LUM	560 P SUM	SEPAR		565 FIX MA	INTENANCE
6	то	FOR (NET								(s) (v)				ļ	SUM PAYMEN CODE				HOURS	FIRST/FINAL DED MONTHLY DED.	
		_	605 MM/Y		6 DAS HRS	нотн	607 DAS	HRS HOTH	615 E & HOUR	620 DAS H	RS HOTH	_	A6 HRS	_	630 EMPLOYM	635 ENT	_	645 MPLOYMEN	T T	655	
7	то	MOS	HOURS		AS OF	2)	/ / THRU		1		PAY P	ERIOD	PLUS		LIST CLAS	s	,	IST ELIG			
		705		ММ	DD/YY	3) 710 MM	/ / THRU	J/ MM DO	′ w	HOURS HDTI	715 N	IN//W	720	725		72	730		735	740	

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

- 867 Limited Term/Anniversary Date Justification
- 872 Salary Increase Certification (Required)
- 952 Case No. and Date of Action
- 955 Multiple Hourly Rate
- 960 Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required for:

1. Correction to MSA/SIS shown in Line 12 when approval or denial was reported in error.

ORP

This transaction is no longer in use.

PUN

See PAM Section 5 for specific documentation instructions.

					·											005	SEQUENCE	NUMBER	2_O _{0F} _O
																010	DOCUMENT	PROCES	SSING O
1	то	SOCIAL SE	CURITY	EMPLOYEE L	AST NAME	FIRST NAME A	ND MIDDLE I	INITIAL	POSITION NUMBER AGENCY UNIT CLASS SERIAL					CB ID	COUNT		THER	BIRTH	OPEB CB ID
	-	105 TRANSACT	ON CODE	110 EFFECTI	VE DATE AND	111 HOURS	EMPLOYME	NT HISTO	120 RY REMARKS	121		123	124			135 HED EAR	NINGS	40	145
2	то	205		210		0	215 PLUS				3:			D ID) ID	352		IND ID
3	то	305 ACTUA			PAY BAS	ED ON SALARY	PLU	TION DATE OF S SALARY	ANNI ALTERNATE PAYRO STATE				IFF IFF	SPECIAL PAY	wwg 355	# 356	ETTER PAY LETTER EXPIRATON DATE		
4	то	TIME BASE APPT #MOS A				PPOINTMENT EXPIRATION CERT # T			PE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD			MCR A	CR APPROVAL SI		SEX			DISABILITY CODE
5	то	ACCOUNT CODE		MEMBER	416 SURVIVORS BENEFITS		TIREMENT PATE (%)	EXEMP ATHORI		430 OATH	NON CITIZEN	MEDIC CLEARA	AL I	INGERP	PRINT	LIC	S 450 ESSIONAL CENSE EXPIRATION DATE	,	
6	то	REASON FOR SEPARA TION	PAY PERI	DD TIME	(NEW)	TIME TO	BE PAID	PAY IMMED	LUMP SUM TO		LUMP SU	IM EXTRA HR	S L	UMP SUM YMENT CODE	LUMP	SUM	SEPARATIO EXPIRATIO DATE : HOU	ON F ON F URS	IX MAINTENANCE PIRST/FINAL DED MONTHLY DED.
		_	605 MM/Y		HRS HDTI			ENT DATE & HOURS				SPECIAL PLUS	REEMPLOYMENT LIST CLASS			REEMP	PLOYMENT ST ELIG	6.	55
7	то	NOS 705	HOURS	AS O	3)	/ / THRI / / THRI IM DD YY I	, /	/ / w	HOURS HOTE	715 1	IH//YY 7	20	725		726	730		735	740

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

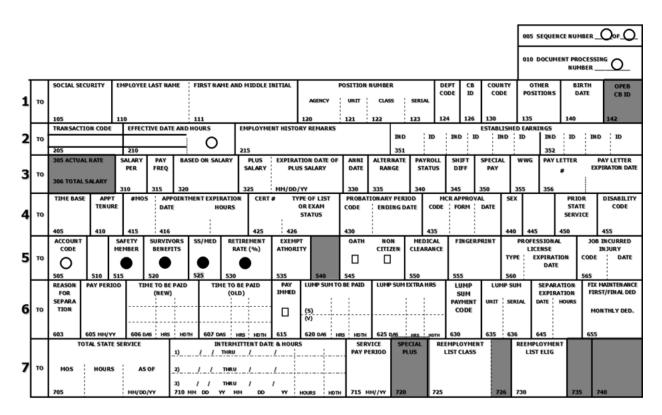
- 851 Alternate salary Range Criteria
- 874 Adverse Action and Rejection Substantiation (Required)
- 952 Case No. and Date of Action
- 955 Multiple Hourly Rate
- 960 Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Adverse Actions

R01



*1 This transaction is initiated by PERS/PPSD only.

NOTE: Correction to R01 transactions *can only* be documented and keyed as part of the out-of-sequence carry forward process. *Departmental entries can only be in items* 205, 210 and 960.

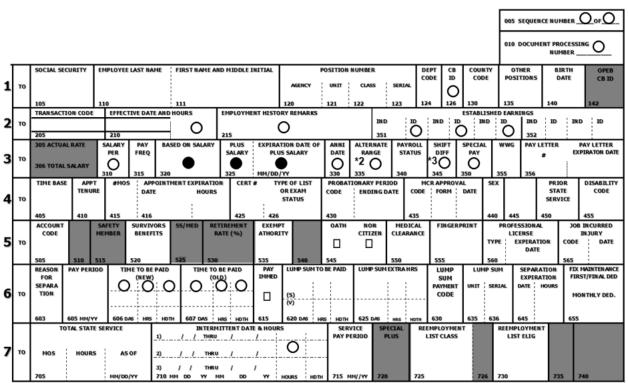
If the retirement account code needs changing, contact the PPSD, Civil Services Liaison Unit.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 - Corrected Transaction Identifier

SAL



- *1 See PAM Section 5 for documenting an increase due to CPA or CPS Certification. See PAM Section 5 for reduction or restoration of salary.
- *2 Enter if Alternate Range is being restored after a PUN Transaction.
- *3 Enter Item 345 only:
 - When the SAL is effective the first of a pay period; or
 - To correct the SAL when Reconstructing Employment History regardless of the effective date.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

- 851 Alternate salary Range Criteria
- 873 Salary Rate Substantiation Above Minimum
- 876 Anniversary Date Second Accelerated
- 952 Case No. and Date of Action
- 955 Multiple Hourly Rate
- 960 Corrected Transaction Identifier

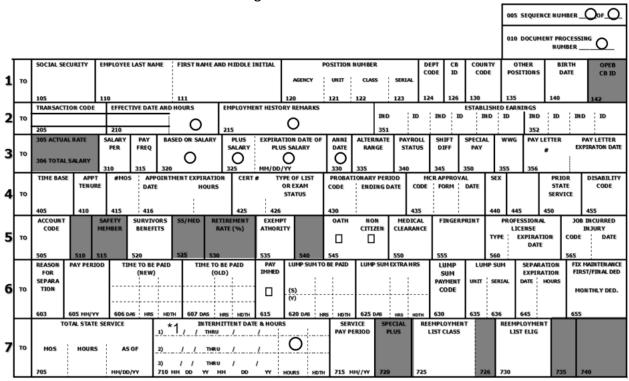
Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)

SIS

See PAM Section 4 before documenting a SIS Transaction.



*1 Enter dates, hours and tenths of hours of State service not previously reported up to the effective date of the transaction being reported. (Enter **oldest** dates and hours on first line. Partial beginning and/or ending pay periods must be reported as separate line entries. Report up to a maximum of 160 hours per pay period.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

- 867 Limited Term/Anniversary Date Justification
- 872 Salary Increase Certification (Required)
- 876 Anniversary Date Second Accelerated (Delete Only)
- 955 Multiple Hourly Rate
- 960 Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required for:

1. Correction to MSA/SIS shown in Line 12 when approval or denial was reported in error.

SPC

																			_			
																			00	S SEQUEN	CE NUMBI	ER_Oof_O
																			01	0 DOCUM	ENT PROC	
1		SOCIAL SE	CURITY	EMI	PLOYEE	LAST NA	ME	FIRST NAME A	ND MIDDLE I	INITIAL		POSITIO	N NUMB	ER		DEPT	СВ	COUN		OTHER	BIRT	
1	то										AGENCY	UNIT	; cv	es :	SERIAL	CODE	ID	CODI	E PO	SITIONS	DAT	CB ID
-																l	ı		- 1		l	
		105 110					_	111			120	121	122		123	124	126	130	135		140	142
		TRANSACT	ION CODE	4		IVE DAT	E AND H	IOURS	EMPLOYME	NT HISTO	RY REMARKS			IND	: n) : IN		ESTABLI INI	SHED EA D ¦ ID	I IND	: ID :	IND : ID
2	то			4	*2					*3	0					' "	10	1	100		10	10
	-	305 ACTU/	LDATE	_	210 ALARY	PAY	DACE	D ON SALARY	PLUS	' EVETEA	TION DATE OF	ANN	LALTE	351 RNATE	PAYRO		IFT	SPECIAL	T ww	352	ETTER	PAY LETTER
		303 ACTU	LRAIL		PER	FREQ	BASE	D ON SALAKT	SALARY		JS SALARY	DATI		NGE	STAT		IFF	PAY	""	٠ ١٣٠٠	#	EXPIRATON DATE
3	то	306 TOTAL SALARY				l					1	1		l	- 1			1				
				31	0	315	320		325	MM/DD	/YY	330	335		340	34	5	350	355	356		
		TIME BAS	TIME BASE APP		#M05			ENT EXPIRATION			OR EXAM	PROB			Y PERIOD		ICR APPROVAL		SEX	- 1	PRIOR STATE	
4	то			NE.	DATE		E	HOURS				TUS		ENDING DATE C		300	DE FORM DATE		- 1	- 1	SERVICE	
1			1	- 1											- L.							
	-	405 ACCOUNT	410	_	415	: 416	one	SS/MED RE	425 TIREMENT	EXEM		430 OAT		ON	43 MEDIC	_	THEFOR	$\overline{}$		45 FESSIONA	450	JOB INCURRED
		CODE			SAFETY SURVIVORS S SEMBER BENEFITS					ATHORITY		спи								ICENSE	` I	INJURY
5	то						- 1			ı)					TYPE	EXPIRAT		DATE DATE
		505	510	515		520	- 1	525 530		535	540	545			550	Ι.	55		560	DATE	56	
		REASON	PAY PER	_	_	E TO BE	_		BE PAID	PAY	LUMP SUM T		LUN		XTRA HR		.UMP	_	P SUM	SEPARA	_	FIX MAINTENANCE
		FOR				(NEW)		(0	LD)	IMMED	Ι.						SUM			EXPIRA		FIRST/FINAL DED
6	то	SEPARA TION					÷			1	(S)						CODE	UNIT	SERIAL	DATE	HOURS	MONTHLY DED.
٦							<u>.</u>	.1			(v)					`				l	- 1	HOW THE F DED.
		603	605 MM/Y	u	606 D	6 HRS	нотн	607 DAS	ume i ummi	615	620 DA6	RS HD	435	DAS		тн 63	•	635	676	645	- 1	655
			TAL STAT			<u> </u>	HOIN		ITTENT DAT			_	RVICE	_	CIAL		LOYMEN		-	IPLOYMEN	_	Ī
						- 1	1)	/ / THRU	/	.4		PAY	PERIOD	PLUS		LIST CLASS			u	IST ELIG		
7	то	MOS	HOUR	:	AS	oe	2)	/ / THRU	,	,		1	\sim									
-												1	\cup									
		705			MM/DD/	_{vv}	3) 710 MI	// THRU N DOYY I		' w	HOURS HOT	715	MM//YY	720		725		726	730		735	740
				_						_		_										

*1 Use to Report:

- Eligibility for NDI benefits when employee is not on NDI Leave (S49) status.
- Termination of NDI benefits when employee is not on NDI Leave (S49) status.

See PAM Section 5 before documenting this transaction.

*2 If reporting eligibility of NDI benefits, enter the first calendar day NDI benefits begin.

If reporting termination of NDI benefits, enter the first calendar day employee is no longer receiving NDI benefits.

"HOURS" must always be left blank.

*3 This item is required if employee is participating in the Annual Leave Program.

Symbol	Meaning
=	Required – MUST be completed
0	Conditional – MUST be completed when required by ITEM DEFINITION
•	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

957 – Other Eligibility Substantiation (Required)

960 – Corrected Transaction Identifier