

State Controller's Office

Personnel Action Manual

Section 3

PAR Miscellaneous Change Transactions

Rev. 09/2022



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MISCELLANEOUS CHANGE TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX*

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) <ul style="list-style-type: none">• 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)	3.105
126	Collective Bargaining Identifier 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 U01-U20)	3.106
130	County Code (change)	3.107
215	Employment History Remarks	3.108
315	Pay Frequency (change)	3.109
325	Plus Salary and Expiration Date Use to report initial plus salary and expiration date, changes or deletions.	3.110
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) Do not use for certification process or layoff situation.	3.120

Code	Title/Description	PAM Section
430	Probationary Period Use for civil service employees only. Use to extend probationary period or when intermittent, indeterminate or fractional time base employee completes probationary period.	3.122
440	Sex (correction or change)	3.123
445	Ethnic Origin (correction) <i>No longer used after 3/7/22.</i>	3.124
455	Disability Code (correction or change)	3.125
505	Retirement System Information (change) Use to report changes of retirement membership. *For Civil Service employee only.	3.126
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 Use to document a job incurred injury. Also use to document any subsequent return to work.	3.132
705	Total State Service (change)	3.134
710	Intermittent Dates and Hours Use for layoff purposes only.	3.135
715	Service Pay Period <ul style="list-style-type: none"> • 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. 	3.136
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 Use for granting MSA, denying MSA, or when denying MSA for lump sum only.	3.142
ORP	Official Reprimand (This transaction is no longer in use.)	3.144
PUN	Adverse Salary Decrease Use for Civil Service employee only.	3.146
R01	Retirement System Transaction (RST) (Initiated by PERS/PPSD only.)	3.147
SAL	Other Salary Changes <ul style="list-style-type: none"> • Special adjustments for salary inequities. • CPA/CPS increase. • Restoration of salary following a PUN. 	3.148
SIS	Special Ingrade Salary Adjustment Use for granting or denying a SISA	3.150
SPC	Special Change Use for reporting NDI benefit status other than when employee is on NDI leave.	3.152

105

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

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215				351	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	MOS	HOURS	AS OF	710	MM DD YY MM DD YY	HOURS HDTH	715	MM/YY	720	725	726	730	735	740

❖ The current date must be used for 210 when 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
○	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)

120

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>															
010 DOCUMENT PROCESSING NUMBER <input type="text"/>															
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	352	353	354	355	356	357	358	359	360	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	
		405	410	415	416	425	426	430	435	440	445	450	455	456	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG		
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735 740

Symbol	Meaning
=	Required – MUST be completed
○	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)

126

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210		215				IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306	310	315	320	325	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMPED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
		603	605 HH/VV	606 D/M6 HRS HDTH	607 D/M6 HRS HDTH	615	620 D/M6 HRS HDTH	625 D/M6 HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710	715	720	725	730	735	740							

* 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
○	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

130

															005 SEQUENCE NUMBER <u>00</u> OF <u>00</u>	
															010 DOCUMENT PROCESSING NUMBER <u>00</u>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 HH/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	630	635	645
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DO YY MM DO YY	HOURS	HDTH	715 HH/YY	720	725	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	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

215

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>														
010 DOCUMENT PROCESSING NUMBER <input type="text"/>														
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215				351	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430		435			440	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645		655
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735
				MM/DD/YY	2) / / THRU / /									
					3) / / THRU / /									
					710 MM DD YY MM DD YY	HOURS HDTH								740

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
○	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

315

															005 SEQUENCE NUMBER 00 OF 00	
															010 DOCUMENT PROCESSING NUMBER 00	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	730	735	740	
			MM/DD/YY			2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY HOURS HDTH										

Symbol	Meaning
=	Required – MUST be completed
○	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

325

										005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
										010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS					
		205	210		215				351	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	325	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 HH/YY	606 D66 HRS HDTH	607 D66 HRS HDTH	615	620 D66 HRS HDTH	625 D66 HRS HDTH	630	635	645	655		
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710 HH DD YY HH DD YY	715 HH/YY	720	725	730	735	740					

*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
○	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

960 – Corrected Transaction Identifier

330

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DMS HRS HDTH	607 DMS HRS HDTH	615	620 DMS HRS HDTH	625 DMS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY	HOURS HDTH										

Symbol	Meaning
=	Required – MUST be completed
○	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

335

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455	456		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HOURS	AS OF	710 MM DO YY MM DO YY	715 MM/YY	720	725	726	730	735	740				

Symbol	Meaning
=	Required – MUST be completed
○	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.

340

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>														
010 DOCUMENT PROCESSING NUMBER <input type="text"/>														
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215				351	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735
		705	MM/DD/YY		2) / / THRU / /									
					3) / / THRU / /									
					710 MM DD YY MM DD YY HOURS HDTH									

*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
○	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

960 – Corrected Transaction Identifier

341

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215				351	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560		565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INH/ED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FDX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAG	HRS	HDTH	607 DAG	HRS	HDTH	615	620 DAG	HRS	HDTH	625 DAG	HRS	HDTH
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM	DD	YY	MM	DD	YY	HOURS	HDTH				

*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).

*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
○	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

960 – Corrected Transaction Identifier

345

															005 SEQUENCE NUMBER 00	
															010 DOCUMENT PROCESSING NUMBER 0	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455	455	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	655	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735	740

*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 or rotational shift refer to PPM Section G 050.

Symbol	Meaning
=	Required – MUST be completed
○	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

350

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455	455	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HRS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	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)

355

															005 SEQUENCE NUMBER <u>0</u> OF <u>0</u>	
															010 DOCUMENT PROCESSING NUMBER <u>0</u>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DO YY MM DO YY	HOURS HDTH										

Symbol	Meaning
=	Required – MUST be completed
○	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

405

(Excluding certification process and layoff situation)

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																						
010 DOCUMENT PROCESSING NUMBER <input type="text"/>																						
1	TO		SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID					
	105		110		111				120	121	122	123	124	126	130	135	140	142				
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS												
	205		210		215				351	ID	ID	ID	ID	ID	ID	ID	ID	ID				
3	TO		305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306		310		315		320		325	MM/DD/YY	330	335	340	345	350	355	356					
4	TO		TIME BASE		APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE				
	405		410		415		416		425	426	430		435			440	445	450	455			
5	TO		ACCOUNT CODE		SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
	505		510		515		520		525	530	535	540	545	550	555	560		565				
6	TO		REASON FOR SEPARATION		PAY PERIOD	TIME TO BE PAID (NWD)		TIME TO BE PAID (DAS)		PAY IMPED	LUMP SUM TO BE PAID (S) (V)		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED		
	603		605	MM/YY	606	DAS	HRS	HDTH	607	DAS	HRS	HDTH	615	620	DAS	HRS	HDTH	625	DAS	HRS	HDTH	
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS										SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
	705		MOS	HOURS	AS OF	1)	/	/	THRU	/	/											
					MM/DD/YY	2)	/	/	THRU	/	/											
						3)	/	/	THRU	/	/											
						710	MM	DD	YY	MM	DD	YY	HOURS	HDTH	715	MM/YY	720		725		730	

*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
○	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

430

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>															
010 DOCUMENT PROCESSING NUMBER <input type="text"/>															
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 121 122 123				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITION 135	BIRTH DATE 140	OPEB CBID 142	
2	TO	TRANSACTION CODE 205	EFFECTIVE DATE AND HOURS 210	EMPLOYMENT HISTORY REMARKS 215				ESTABLISHED EARNINGS 351 352 353 354 355 356							
3	TO	305 ACTUAL RATE 306 TOTAL SALARY	SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY MM/DD/YY	ANNU DATE 330	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE
4	TO	TIME BASE 405	APPT TENURE 410	#HOS 415	APPOINTMENT EXPIRATION DATE 416	CERT # 425	TYPE OF LIST OR EXAM STATUS 426	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL CODE 440	FORM 445	SEX 450	PRIOR STATE SERVICE 455	DISABILITY CODE 455	
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 540	NON CITIZEN 545	MEDICAL CLEARANCE 550	FINGERPRINT 555	PROFESSIONAL LICENSE TYPE 560	EXPIRATION DATE 565	JOB INCURRED INJURY CODE 565	DATE
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HRS HDTH	TIME TO BE PAID (OLD) 607 DAS HRS HDTH	PAY INHED 615	LUMP SUM TO BE PAID (S) (V) 620 DAS HRS HDTH	LUMP SUM EXTRA HRS 625 DAS HRS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	FIX MAINTENANCE FIRST/FINAL DED 655	MONTHLY DED.	
7	TO	TOTAL STATE SERVICE HOS HOURS AS OF 705 MM/DD/YY		INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DD YY MM DD YY HOURS HDTH				SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 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
○	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

960 – Corrected Transaction Identifier

440

005 SEQUENCE NUMBER <u>00</u> OF <u>00</u>														
010 DOCUMENT PROCESSING NUMBER <u>0</u>														
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS					ESTABLISHED EARNINGS					
		205	210	215					351	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730
					MM/DD/YY	2) / / THRU / /								
						3) / / THRU / /								
						710 MM DO YY MM DO YY	HOURS HDTH							

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

Symbol	Meaning
=	Required – MUST be completed
○	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.

445

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](#)
- [CalHR Form 1070](#) (Rev. 03/22)

455

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
1	TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142					
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID				
3	TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356					
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455						
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565					
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
		HOS	HOURS	AS OF	705	MM/DD/YY	710 MM	DO	YY	MM	DO	YY	HOURS	HDTH	715 MM/YY	720	725	726	730

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

Symbol	Meaning
=	Required – MUST be completed
○	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.

505

															005 SEQUENCE NUMBER 00 OF 00		
															010 DOCUMENT PROCESSING NUMBER		
1	TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	*2		215					351	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455				
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605	606	607	615	620	625	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	710	715	720	725	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
○	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

960 – Corrected Transaction Identifier

545

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210		215				351	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430		435			440	450		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INH/MED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	730	735		
					MM/DD/YY	2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY	HOURS HDTH							740		

Symbol	Meaning
=	Required – MUST be completed
○	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

550

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 D/MG HRS HDTH	607 D/MG HRS HDTH	615	620 D/MG HRS HDTH	625 D/MG HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DO YY MM DO YY	HOURS HDTH										

Symbol	Meaning
=	Required – MUST be completed
○	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

555

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE		JOB INCURRED INJURY		
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF		1) / / THRU / /			715 MM/YY	720	725	726	730	735	740	

Symbol	Meaning
=	Required – MUST be completed
○	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

560

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	HRS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740
						2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY										

Symbol	Meaning
=	Required – MUST be completed
○	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

960 – Corrected Transaction Identifier

565

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>														
010 DOCUMENT PROCESSING NUMBER <input type="text"/>														
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	*2	430	435	440	445	450	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	HRS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS	HDTH	715 MM/YY	720	725
					MM/DD/YY									

*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
○	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

960 – Corrected Transaction Identifier

705

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DO YY HH DO YY	HOURS HDTH	715 HH/YY	720	725	726	730	735	740

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

Symbol	Meaning
=	Required – MUST be completed
○	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.

710

To be used for:

- Layoff purposes; or
- Personnel Operation

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF		1) / / THRU / /										
						2) / / THRU / /										
						3) / / THRU / /										
		705		MM/DD/YY	710 MM DO YY MM DO YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740			

Symbol	Meaning
=	Required – MUST be completed
○	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

715

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>															
010 DOCUMENT PROCESSING NUMBER <input type="text"/>															
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 AGENCY 121 UNIT 122 CLASS 123 SERIAL				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITIONS 135	BIRTH DATE 140	OPEB CBID 142	
2	TO	TRANSACTION CODE 205	EFFECTIVE DATE AND HOURS 210 *1 <input type="text"/>	EMPLOYMENT HISTORY REMARKS 215 *3 <input type="text"/>					ESTABLISHED EARNINGS 351 IND ID 352 IND ID 353 IND ID 354 IND ID						
3	TO	305 ACTUAL RATE	SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY 330 MM/DD/YY	ANNU DATE 335	ALTERNATE RANGE 340	PAYROLL STATUS 345	SHIFT DIFF 350	SPECIAL PAY 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE	
4	TO	TIME BASE 405	APPT TENURE 410	#MOS 415	APPOINTMENT EXPIRATION DATE 416	CERT # 425	TYPE OF LIST OR EXAM STATUS 426	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL CODE 440	FORM 445	SEX 450	PRIOR STATE SERVICE 455	DISABILITY CODE	
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535	NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE 555	EXPIRATION DATE 560	JOB INCURRED INJURY CODE 565	
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HRS HDTH	TIME TO BE PAID (OLD) 607 DAS HRS HDTH	PAY INHED 615	LUMP SUM TO BE PAID 620 DAS HRS HDTH	LUMP SUM EXTRA HRS 625 DAS HRS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	FIX MAINTENANCE FIRST/FINAL DED 655	MONTHLY DED.	
7	TO	TOTAL STATE SERVICE 705 NOS HOURS AS OF 710 MM/YY			INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DO YY MM DO YY HOURS HDTH			SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726	730	735	740	

*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
○	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

876 – Anniversary Date – Second Accelerated

960 – Corrected Transaction Identifier

GEN

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710	715	720	725	730	735	740							

Symbol	Meaning
=	Required – MUST be completed
○	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

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215 <input type="text"/> *2				351	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	HH/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	HOS	HOURS	AS OF	1) / / THRU / /			715 HH/YY	720	725	726	730	735		
			HH/DD/YY			2) / / THRU / /										
						3) / / THRU / /										
						710 HH DO YY HH DO YY	HOURS HDTH									

*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
○	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

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPED CB ID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHIBIT	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 D/M	HRS	HDTH	607 D/M	HRS	HDTH	615	620 D/M	HRS	HDTH	625 D/M	HRS	HDTH
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM	DD	YY	MM	DD	YY	HOURS	HDTH				

Symbol	Meaning
=	Required – MUST be completed
○	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 <input type="text"/> OF <input type="text"/>				
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID			
	105	110	111	120	121	122	123	124	126	130	135	140	145						
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	425	426	430	435	440	445	450	455							
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE					
	505	510	515	520	525	530	535	540	545	550	555	560	565	566					
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 MM/YY	606 D/A6	HRS	HDTH	607 D/A6	HRS	HDTH	615	620 D/A6	HRS	HDTH	625 D/A6	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG								
	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY	MM DD YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	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

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS					ESTABLISHED EARNINGS							
		205	210	215						351	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF	1) / / THRU / /				710 MM DD YY MM DD YY	715 MM/YY	720	725	730	735	740	

*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 PPCD, Civil Services Liaison Unit.

Symbol	Meaning
=	Required – MUST be completed
○	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

														005 SEQUENCE NUMBER <u>00</u> OF <u>00</u>			
														010 DOCUMENT PROCESSING NUMBER <u>00</u>			
1	TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	352	353	354	355	356	357	358	359	360	361	362	363
3	TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565	570		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
		603	605	606	607	615	620	625	630	635	640	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	710	715	720	725	730	735	740	745	750	755	760	765			

*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
○	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

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.

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>																
1	TO		SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITIONS	BIRTH DATE	OPEN CB ID												
			105		110		111		120 121 122 123				124	126	130	135	140	142												
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																			
			205		210		215				351 352 353 354 355 356																			
3	TO		305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNU DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WGW		PAY LETTER #		PAY LETTER EXPIRATION DATE	
			306 TOTAL SALARY		310		315		320		325		330		335		340		345		350		355		356					
4	TO		TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE			
			405		410		415		416		425		426		430		435		440		445		450		455					
5	TO		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE	
			505		510 515		520		525		530		535		540		545		550		555		560		565		565			
6	TO		REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IN/RED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FDX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.	
			603		605 MM/YY		606 DAS HRS HDTH		607 DAS HRS HDTH		615		620 DAS HRS HDTH		625 DAS HRS HDTH		630		635		636		645		655					
7	TO		TOTAL STATE SERVICE		1) *1		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG															
			705		710 MM DD YY		711 MM DD YY		715 MM/YY		720		725		726		730		735		740									

*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
○	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)

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

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	*2	*3 ○				IND	ID	IND	ID	IND	ID	IND
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAS	HRS	607 DAS	HRS	615	620 DAS	HRS	625 DAS	HRS	630	635
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	HOS	HOURS	AS OF	1) / / THRU / /				○				
			MM/DD/YY			2) / / THRU / /								
						3) / / THRU / /								
						710	MM	DO	YY	MM	DO	YY	HOURS	715
														720
														725
														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
○	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 (Required)

960 – Corrected Transaction Identifier