## **Personnel Action Manual**

# Section 4 PAR Personnel Services Initiated Action Reports

Rev. 08/2023

# State Controller's Office



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### Section 4.1 – MASS UPDATES (Revised 05/94)

Mass updates to the Employment History result from actions which affect many or all records on the data base. The following types of transactions are processed by Personnel Operations automatically and do not usually require processing of PAR's by the Departments:

- MSA
- SIS
- GEN
- CLASS TITLE CHANGES

Departments must contact Personnel/Payroll Services Division, Program Management and Analysis Section Manager at 322-8071 or CALNET 8-492-8071 regarding proposed mass updates for reallocations or reorganizations.

A reallocation which does not affect all employees in "a given" class within an appointing power, must be documented by the Department on individual PAR's using Transaction A20.

### Section 4.2 – SISA/MSA MASS UPDATE (Revised 08/23)

The SISA/MSA Registers, Forms 609 - Supervisor Certification of Salary Adjustment, and Prior Pay Period Anniversary Date Reports are issued by Personnel Operations the first week of each month.

### **SISA/MSA Registers**

- The register is issued to appointing powers having employees who are due a SISA/MSA. It only reflects anniversary dates on the database effective the following pay period.
- The register is issued in position number and SSA# order with a page break after each reporting unit. The employee's CBID is also identified on the register.
   See example of the form on page 4.6.
- The appointing power verifies that the register information is in agreement with any late actions submitted that affected SISA/MSAs to be effective in the following pay period.
- The "Comment" area is for comment codes added by the appointing power per chart on page 4.5.
  - Employees *listed*, whose SISA/MSA are effective after movement to another appointing power, are not to be deleted *unless* there is an applicable comment code for the situation. (For a salary denial effective after a move, the gaining appointing power is responsible for appropriate documentation.)
  - ➤ If an employee is listed on the register and should not receive a SISA/MSA, choose the applicable code that describes the situation for not granting employee the SISAIMSA and circle the register number for the employee.
- For all employees identified on the register, a SISA/MSA will be posted unless a PAR transaction making employee ineligible is processed prior to the mass update.
  - ➤ If an employee is not listed on the register and is due a SISA/MSA for the following pay period, process a SIS/MSA PAR transaction no earlier than the effective pay period.
- After the mass update, for each employee not entitled to a SISA/MSA, process PAR's per chart on page 4.5. The PAR transactions should be processed by the semimonthly/monthly payroll cut-off dates. Otherwise, the Monthly Payroll warrant will be issued at the higher salary rate and will represent an overpayment.
- Appointing Power signature block must be completed.

### Form 609 – Supervisor Certification of Salary Adjustment

- Preprinted Forms 609 (see page 4.7) are issued in position number and SSA# order for each employee listed on the SISA/MSA Register.
- Appointing power routes Forms 609 to supervisors for signature. After completion by the supervisor, the forms are kept on file by the appointing power.
- Blank Forms 609 are used for SIS or MSA transactions when the preprinted Form 609 is not provided by Personnel Operations. A sample of this form (see page 4.8) is provided for your use to reproduce as needed; Form 609 is no longer stocked by General Services.

### Section 4.4 – SISA/MSA Mass Update [Continued] (Revised 11/96)

### **Prior Pay Period Anniversary Date Report**

- This report is issued as a reminder to appointing powers:
  - having employees who were previously deleted from the SISA/MSA Register (not eligible for salary adjustment); *OR*
  - who previously reported action indicating employee was due a salary adjustment for a prior pay period AND (for either a or b) no PAR has been received to complete the action.
- An original and one copy are issued in position number and SSA# order with a page break
  after each reporting unit. The employee's CBID is also identified on the report. For an
  example of this form refer to page 4.9.
- Upon receipt, the appointing power reviews and processes PAR's to complete the actions required and destroys the report after all required actions have been processed.

### **Completion of SISA/MSA Process**

- For all employees granted a SISA/MSA, PAR's are generated with a SIS/MSA Transaction.
   Turnaround PAR's are issued to appointing powers during the first week of the SISA/MSA pay period.
- Turnaround PAR's received due to SISNMSA update should be reviewed and pending copies of the SISA/MSA Registers destroyed.

### Section 4.5 – COMMENT CODES – SISA/MSA REGISTER (Revised 11/96)

For employees not subject to the PFP rules.

| Code | Situation                                  | Action                                    |
|------|--|---|
| 1    | SISA/MSA denied due to unsatisfactory      | Process a SISC/MSAC transaction           |
|      | job performance.                           | reporting SISA/MSA denial.                |
| 2    | SISA invalid; permanent* separation        | Process a PAR for separation and a SISV   |
|      | effective prior to effective date of SISA. | transaction.                              |
| 3    | MSA denied for lump sum only.              | Process a PAR for separation and an       |
|      | (Separation effective prior to effective   | MSAC transaction for lump sum denial.     |
|      | date of MSA.)                              |   |
| 4    | Permanent* or temporary* separation is     | Process a PAR for separation and an       |
|      | effective the pay period prior to the MSA  | MSAV/SISV transaction.                    |
|      | and time to be paid is less than 11 days.  |   |
| 5    | Anniversary Date is not valid due to an    | Process a PAR for salary change action    |
|      | action causing a change in salary.         | and an MSAV transaction                   |
| 6    | Anniversary Date is not valid due to a     | Process a PAR for time base change and    |
|      | time base change to intermittent or        | an MSAV.                                  |
|      | indeterminate.                             |   |
| 7    | Anniversary Date is not valid due to a     | Process PAR for non-qualifying pay period |
|      | non-qualifying pay period.                 | and an MSAV transaction.                  |
| 8    | Anniversary Date is not valid; established | Process a PAR to correct anniversary date |
|      | in error.                                  | and an MSAV transaction.                  |

For employees not subject to the PFP rules.

| Code | Situation                                | Action                                     |
|------|--|--|
| 9    | MSA invalid due to separation with fault | Process a PAR for separation and an        |
|      | (S41).                                   | MSAV transaction.                          |
| 10   | Employee at first step and MSA (not SIS) | Process a SISV transaction and a PAR for   |
|      | is due in SISA class.                    | MSA transaction. (This situation may       |
|      |  | occur for an employee whose SIS should     |
|      |  | be an MSA due to counting prior service.)  |
| 11   | Employee at second step, but due SIS     | Process an MSAV transaction and a SIS      |
|      | instead of MSA.                          | transaction. (This situation may occur for |
|      |  | an employee whose class had a step         |
|      |  | added below the first step.)               |
| 12   | MSA denied. Employee has not met         | Process an MSAC transaction reporting      |
|      | college unit requirement.                | MSA denial.                                |

<sup>\*</sup> As defined in SPB, Rule 446.

NOTE: Employees who transfer between agencies (no change in Anniversary Date) should not be deleted from the Register. It is up to the gaining agency complete Form 609 (Supervisor's Certification of Salary Adjustment) and/or to process a PAR for a SIS/MSA denial if one of the situations above occurs.

### Section 4.6 – Sample Register: SISA/MSA Register (Revised 11/96)

| ROGRAM F          | 220300                | STATE OF CALIFORNIA | (-SIAIL  | CONTRO   | LLERS  | )FFICE/PE | RSOMNEL | SERVICES                      | PAGE: 1           |
|-------------------|-----------------------|---------------------|----------|----------|--------|-----------|---------|-------------------------------|-------------------|
| RINTED            | (Date)                | REGISTER OF SISA    | /MSA'S T | O BE EFF | ECTIVE | (Month)   | (Year)  |                               | ROUTE TO: (Dept.) |
| EGISTER<br>NUMBER | SOCIAL<br>SECURITY NO | EMPLOYEE NAME       | CBID     | AGCY     | UNIT   | CLASS     | SER     | CURRENT<br>BASED ON<br>SALARY | COMMENTS          |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |
|                   |                       |                     |          |          |        |           |         |                               |                   |

|   |                          |                          | ROUTE TO:               | CONTROLLER |
|---|--------------------------|--------------------------|-------------------------|------------|
| S   | SUPERVISOR CERTIFICAT    | ION OF SALARY ADJU       | USTMENT                 |            |
|   | PC                       | DSITION NUMBER           | ANNIVERSARY             |            |
| SSN EMPLOYE   | E NAME CBID AGY          | UNT CLAS SER             | DATE                    |            |
|   |                          |                          |                         |            |
|   |                          |                          |                         |            |
|   | IN MY JUDGEMENT, TH      | E EMPLOYEES JOB PERFO    | RMANCE                  |            |
| MEETS THE LEVEL OF QUAL                               | ITY AND OLIANTITY EXPECT | ED BY THE AGENCY AT THIS | STACE OF AN EMPLOYEES I | EXPERIENCE |
| IN THE POSITION AND THERE                             |                          |                          |                         | _,         |
|   |                          |                          |                         |            |
| DOES NOT MEET THE LEVEL<br>EXPERIENCE IN THE POSITION |                          |                          |                         |            |
| ADJUSTMENT AT THIS TIME.<br>STATEMENT.                | I HAVE ALSO INFORMED TH  | HE EMPLOYEE ON THIS DATE | SEE ATTAC               | HED        |
|   |                          |                          |                         |            |
| -   | SIGNATURE                | OF SUPERVISOR            |                         |            |
|   |                          |                          |                         |            |
| PSD - 609   | TITLE                    | DATE                     |                         |            |
| 1 30 - 009  | IIILE                    | DATE                     |                         |            |

| SUPERVISOR CERTIFICATION OF SALARY ADJUSTMENT STD. 609 (8/77)    SOCIAL SECURITY NO.  |         |               |              |        |        |             |                  |                   |                   |
|---|---------|---------------|--------------|--------|--------|-------------|------------------|-------------------|-------------------|
| STD. 609 (8/77)  SOCIAL SECURITY NO.   EMPLOYEE NAME   CBID   AGENCY UNIT CLASS SERIAL ANNIVERSAR'  RECOMMENDED ACTION  In my judgement, the employee's job performance:    meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.    does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date See attached statement. |         |               |              |        |        |             |                  | IA                | TE OF CALIFORNI   |
| SOCIAL SECURITY NO.   EMPLOYEE NAME   CBID   AGENCY UNIT CLASS   SERIAL   ANNIVERSAR'    RECOMMENDED ACTION   In my judgement, the employee's job performance:   meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.   does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date See attached statement.             |         |               |              |        |        | JSTMENT     | OF SALARY A      | RTIFICATION OF    | PERVISOR CE       |
| In my judgement, the employee's job performance:  meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date  See attached statement.  |         |               |              |        |        |             |                  |                   | . 609 (8/77)      |
| In my judgement, the employee's job performance:  meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date  See attached statement.  |         |               |              |        |        |             |                  |                   |                   |
| In my judgement, the employee's job performance:  meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date  See attached statement.  |         |               |              |        |        |             |                  |                   |                   |
| In my judgement, the employee's job performance:  meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date   | RY DATE | ANNIVERSARY D | CLASS SERIAL | UNIT   | AGENCY | CBID        |                  | EMPLOYEE NAME     | . SECURITY NO.    |
| In my judgement, the employee's job performance:  meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salary adjustment at this time. I have also informed the employee on this date   |         |               |              |        |        |             |                  |                   |                   |
| meets the level of quality and quantity expected by the agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit salar adjustment at this time. I have also informed the employee on this date  |         |               |              |        |        |             |                  |                   | MENDED ACTION     |
| experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit sala adjustment at this time. I have also informed the employee on this date  See attached statement.  |         |               |              |        |        |             | job performand   | he employee's joi | ny judgement, ti  |
| experience in the position. Therefore, I recommend that the employee be granted a merit salary adjustment.  does not meet the level of quality and quantity expected by the agency at this state of employee's experience in the position. Therefore, I recommend that the employee not be granted a merit sala adjustment at this time. I have also informed the employee on this date  See attached statement.  |         |               |              |        |        |             |                  |                   |                   |
| experience in the position. Therefore, I recommend that the employee not be granted a merit sale adjustment at this time. I have also informed the employee on this date See attached statement.  |         | -             |              |        | •      | , _         |                  | . , .             | experience in     |
| experience in the position. Therefore, I recommend that the employee not be granted a merit sale adjustment at this time. I have also informed the employee on this date See attached statement.  |         |               |              |        |        |             |                  |                   |                   |
| SIGNATURE OF SUPERVISOR TITLE DATE  |         |               |              | oyee i | e empl | nend that t | herefore, I reco | the position. The | experience in     |
| SIGNATURE OF SUPERVISOR TITLE DATE  |         |               |              |        |        |             |                  |                   |                   |
|   |         | DATE          | 1            |        |        | .E          |                  | OR                | ATURE OF SUPERVIS |
|   |         |               |              |        |        |             |                  |                   |                   |

### Section 4.9 – Sample Report: Prior Pay Period Anniversary Date (Revised 11/96)

| PROGRAM PSD304  |   | STATE OF | CALIFORNIA | - PERSO  | NNEL AND   | PAYROLL SERVIC  | ES DIVISION |      | PAGE:  | (#)         |
|-----------------|---|----------|------------|----------|------------|-----------------|-------------|------|--------|-------------|
| PRINTED: (DATE) | PRIOR PAY PERIOD ANNIVERSARY DATES                          |          |            |          |            |                 |             |      | ROUTE  | TO: (DEPT.) |
|                 |   | ( DOCUM  | ENTATION S | SHOULD B | E SUBMITTE | ED AS SOON AS I | POSSIBLE)   |      |        |             |
| SOCIAL          | LAST ACTION AT PSD CURRENT<br>EFFECTIVE TRANS ANNI BASED ON |          |            |          |            |                 |             |      |        |             |
| SECURITY NO     | EMPLOYEE NAME   | CBID A   | AGCY UNIT  | CLASS    | SCA        | DATE            | CODE        | DATE | SALARY | TIMEBASE    |
|                 |   |          |            |          |            |                 |             |      |        |             |
|                 |   |          |            |          |            |                 |             |      |        |             |
|                 |   |          |            |          |            |                 |             |      |        |             |
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# STATE OF CALIFORNIA PERSONNEL/PAYROLL OPERATIONS BRANCH AUTOMATED SISA/MSA TRANSACTIONS FOR DPA EXEMPT EMPLOYEES (POST AUDIT REPORT - REFER TO PAM SECTION 4)

INITIAL ROUTING: DEPT. OF PRSNL ADMIN PROGRAMS & POLICY BRANCH.

| SOCIAL<br>SECURITY<br>NUMBER | EMPLOYEE NAME      | POSITION  | ALT<br>RNG        | EFFECTIVE<br>DATE    | BASED ON<br>SALARY                 | ANNI<br>DATE               |
|------------------------------|--------------------|---|-------------------|----------------------|------------------------------------|----------------------------|
| XX-XX-XXXX                   | xx xxxxxxxxxxxxxx  | 00000000000   | Х                 | MM-DD-YY             | (OLD) XX,XXX.XX<br>(NEW) XX,XXX.XX | (OLD) MM/YY<br>(NEW) MM/YY |
| PSD REF.<br>NUMBER: XXX      | XXXXX              |   |                   |                      |                                    |                            |
|                              | APPROVED           | DISAP   | PROVED            |                      | :                                  |                            |
| ,                            | DPA APPROVAL STAMP | <ul> <li>PERSONNEL OPERATIONS</li> <li>TRANSACTION, AGENCIES</li> <li>CORRECTLY UPDATE THE</li> </ul> | MUST SU<br>EMPLOY | JBMIT PAR TO<br>EE'S | :                                  |                            |
| •                            |                    | EMPLOYMENT HISTORY D  | ATABASE           | i.                   | :                                  |                            |
| •                            |                    |   |                   |                      | :                                  |                            |
| ,<br>,                       |                    | :   |                   |                      | :                                  |                            |
| •                            |                    | :   |                   |                      | :                                  |                            |
|                              |                    | :   |                   |                      | :                                  |                            |
|                              | •                  | •   |                   |                      | - ·                                |                            |
|                              | SIGNATURE          | SIGN  | ATURE             |                      |                                    |                            |

# Section 4.10 – MONTHLY EXPIRATION DATE REPORTS INITIATED BY PPSD (Revised 11/91)

### **Description of the Reports**

- PPSD issues the following monthly reports:
  - 1. Appointment/Separation Expiration Report
  - 2. Salary Rate Expiration Report
- These reports are issued one month in advance of the expiration date.
- They are issued only to Departments who have employees with impending expiration dates.
- An original and one copy are issued with a page break after each reporting. Unit.
- Examples of these reports are on page 4.11 and 4.12.
- The issue date of all reports represents the date the report is printed.
- The entry printed for each employee represents the most recent information on record at Personnel Operations.
- The transaction code and effective date printed on the appointment/separation report (example 4.11) represents the most recent transaction on the database at the time the report was issued.
- The transaction code on the appointment/separation report may sometimes be an R01. (This would occur if the most recent transaction on the database was a retirement system transaction.)

### **Purpose**

- The purpose of the reports is to alert Departments of the necessity to submit a transaction on the PAR for employees listed.
- Departments not submitting appropriate documentation will receive another report for the following. (The report will continue to print when the expiration date is past and if no documentation has been received by Personnel Operations.)

### Section 4.11 – Sample Report: Appointment/Separation Expiration (Revised 12/76)

| (DATE)          | STATE OF      | CALIFORNIA - STA<br>APPOINTI | TE CONTROLLER'S<br>MENT/SEPARATIO<br>PSD0 | N EXPIRAT    | - PERSO<br>TION REI | NNEL SER<br>PORT | VICES SECTION            | PAGE: (#)                                     |
|-----------------|---------------|------------------------------|---|--------------|---------------------|------------------|--------------------------|---|
|                 |               | DAT                          | TA AS OF: (DATE                           | )            |                     |                  | ROUTE<br>AGENCY<br>U     | E TO: (DEPT.)<br>//DEPT: 000 000<br>/NIT: 000 |
| POSITION NUMBER | EMPLOYEE NAME | SOCIAL<br>SECURITY<br>NUMBER | EFFECTIVE<br>DATE                         | TRAN<br>CODE | APT<br>TNR          | APPT<br>LENG     | APPOINTMENT<br>EXPR DATE | SEPARATION<br>EXPR DATE                       |
|                 |               |                              |   |              |                     |                  |                          |   |
|                 |               |                              |   |              |                     |                  |                          |   |
|                 |               |                              |   |              |                     |                  |                          |   |
|                 |               |                              |   |              |                     |                  |                          |   |
|                 |               |                              |   |              |                     |                  |                          |   |

| PS0071<br>(DATE) | STATE OF C    | ALIFORNIA PERSO<br>RATE EXPIRATION FO | NNEL SERVICES D          | IOD              | 0000 ROUT      | TE TO: (DEPT. N  | IAME)           |
|------------------|---------------|---------------------------------------|--------------------------|------------------|----------------|------------------|-----------------|
| (DATE)           | OABART        |                                       |                          |                  |                |                  |                 |
| POSITION NUMBER  | EMPLOYEE NAME | SOCIAL<br>SECURITY<br>NUMBER          | PLUS<br>SALARY<br>EXPIRE | BASE<br>PAY RATE | PLUS<br>SALARY | ACTUAL<br>SALARY | SALARY<br>TOTAL |
|                  |               |                                       |                          |                  |                |                  |                 |
|                  |               |                                       |                          |                  |                |                  |                 |
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### SECTION 4.13 – MONTHLY CB ID AUDIT REPORT (New 11/91)

### **Description of the Report**

- PPSD issues a Monthly CB ID Audit Report to each department that has employees with incorrect CB IDs.
- The issue date of each report represents the date the report is printed.
- The entry printed for each employee is the most recent information on record at PPSD.
- The report reflects the employee's Class Code, Class Title, Department, Name, SSN, Position Number, the Civil Service Pay scale CB ID for the employee's class and the employee's Employment History CB ID.
- A sample of this report is on page 4.14.

### **Purpose**

- The purpose of the Monthly CB ID Audit Report is to alert departments to submit a PAR transaction for employees who's CB IDs are incorrect.
- Each entry on the report should be examined, the employee's appropriate CB ID determined, and a PAR submitted to correct the CB ID.
- Departments not submitting appropriate documentation will receive subsequent reports the following month, and each month thereafter until the employee's CB IDs are corrected.
- Any questions or discrepancies should be directed to Personnel Operations Liaison Unit.

| xx/xx/xx | STATE OF                        | CALIFORNIA - STATE           | E CONTROLLER'S OFFIC                      | E - COLLEC  | TIVE BARGA | AINING SECTION | PAGE x |
|----------|---------------------------------|------------------------------|---|-------------|------------|----------------|--------|
|          |                                 | LIST OF EM                   | PLS WHOSE DSGN NOT<br>DATA AS OF JULY xx, |             | -DSGN      |                |        |
|          |                                 |                              | PDB1417                                   |             |            |                |        |
|          | ( )0000000000<br>( )00000000000 |                              |   |             |            |                |        |
|          | EMPLOYEE NAME                   | SOCIAL<br>SECURITY<br>NUMBER | POSITION NUMBER                           | CB ID<br>PS | C B<br>ID  | TOTAL          |        |
| xxxxxxxx | xxxxxxx x                       | xxx-xx-xxxx                  | xxx-xxx-xxxx                              | хох         | xxx        |                |        |
|          |                                 |                              |   |             |            |                |        |
|          |                                 |                              |   |             |            |                |        |
|          |                                 |                              |   |             |            |                |        |
|          |                                 |                              |   |             |            |                |        |
|          |                                 |                              |   |             |            |                |        |
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