

PAR Sample: Elected Tier Change

Print Form

Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 080A (REV. 03/2022)

005 SEQUENCE NUMBER **1** OF **1**
 010 DOCUMENT PROCESSING NUMBER

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER 111-22-3333	EMPLOYEE LAST NAME Bon Jovi	FIRST NAME AND MIDDLE INITIAL Jon	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID				
2	TRANSACTION CODE 505	DATE 03/01/22	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS Elected Tier Change				IND	ID	IND	ESTABLISHED EARNINGS ID	IND	ID				
3	WBS ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WVG	PAY LETTER #	EXPIRATION DATE		
4	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE			
5	ACCOUNT CODE DM	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENCE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST / FINAL DED.	MONTHLY DED.				
7	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.	MCP WAVE NUMBER							
8	MONTHS	HOURS	AS OF	1)	THRU	2)	THRU	3)	THRU	HRS	TNTH	715 MM/YY	720	725	730	735	750
9	225	810	810	810	810	810	810	810	810	810	810	810	810	810	810	810	810
10	BACKUP INFORMATION		REMARKS								KEYED BY INITIALS	DATE					
11	<input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTITUTION IN REMARKS OR SEE ATTACHED		FOR THE APPOINTING POWER: For Agencies in State Payroll System, The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to said including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath required by Sections 18150 through 18158 of the Government Code has been taken and is on file in the employee's official file. Payment by the State when required under Sections 12470 through 12481, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.								CONCURRING APPOINTING POWER SIGNATURE(S)						
	SIGNATURE <i>Susan Stewart</i>	DATE	PHONE	CONTACT PERSON													