

PAR Sample: OPT Member

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 880A (REV. 03/2022)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER 222-33-4444	EMPLOYEE LAST NAME Johnson	FIRST NAME AND MIDDLE INITIAL Dwayne	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEN CBID		
2	TRANSACTION CODE 505	DATE 12/01/22	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS OPT MEMBER				IND	ID	IND	ESTABLISHED EARNINGS ID	IND	ID		
3	996 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WVG	PAY LETTER #	EXPIRATION DATE
4	306 TOTAL SALARY	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD ENDING PERIOD	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
5	ACCOUNT CODE LO	SAFETY MEMBER	SURVIVORS BENEFITS	SS/ MEMB	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE 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 (M/MED)	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	HRG	TNTH	715 MM/YY	720	725	728	730	735	750
9	900	910	915	920	925	930	935	940	945	950	955	960	965	970	975
10	BACKUP INFORMATION		REMARKS								KEYED BY INITIALS		DATE		
11	<input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTANTIATION 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 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	DATE	PHONE	CONTACT PERSON											