

PAR Sample: RET System Election

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 666-77-8888	EMPLOYEE LAST NAME Crawford	FIRST NAME AND MIDDLE INITIAL Brandon	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID						
2	TRANSACTION CODE 505	DATE 08/01/22	EMPLOYMENT HISTORY REMARKS RET SYS ELECT					IND	ID	IND	ESTABLISHED EARNINGS ID	IND	ID						
3	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	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	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE				
5	ACCOUNT CODE TA	SAFETY MEMBER	SURVIVORS BENEFITS	SS/ MED MEMBER	RETIREMENT RATE (%) 0.1025	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.	HOURS	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	728	730	738	750
9	820	810	810	810	820	820	820	820	820	820	820	820	820	820	820	820	820	820	820
10	BACKUP INFORMATION										REMARKS		KEYED BY INITIALS	DATE					
11	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 and 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	DATE	PHONE	CONTACT PERSON															