

PAR Sample: SAF to MISC

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

905	SEQUENCE NUMBER	OF
010	DOCUMENT PROCESSING NUMBER	

**MAKE NO ENTRIES IN SHADED AREAS**

1	SOCIAL SECURITY NUMBER <b>555-66-7777</b>	EMPLOYEE LAST NAME <b>Reigns</b>	FIRST NAME AND MIDDLE INITIAL <b>Roman</b>	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPREC/CBID		
2	TRANSACTION CODE <b>505</b>	DATE <b>05/01/22</b>	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS <b>SAF to MISC</b>				IND	ID	IND	ESTABLISHED EARNINGS ID	IND	ID		
3	306 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNU. 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 EXMIT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
5	ACCOUNT CODE <b>2M</b>	SAFETY MEMBER	SURVIVORS BENEFITS	SS/ MED MEMBER	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 (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															
9															
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											