

**PAM MEMORANDUM**

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**TO: PAM HOLDERS**

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**DATE: August 2011**

**ISSUE NO. 352-11**

Attached is a revision to the Personnel Action Manual (PAM). Important changes include the following:

- 2.69: ITEM 535 Exempt Authority, updated.
- 3.87.2 – 3.87.11: A34, NEW.

**REVISION INSTRUCTIONS:**

<b>Remove</b>	<b>Insert</b>
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3.8 - 3.20	3.8 - 3.20
3.87.1 - 3.88	3.87.1 – 3.88



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## ITEM 530 - RETIREMENT RATE

DESCRIPTION: Indicates rate of contribution into the retirement system for this position.

REQUIRED: Although this item is normally computer generated, the appointing power must make an entry under the following conditions:

Legislative Retirement System Member

- 1 - Legislative Retirement System member (exempt employee) whose rate is 4.00 and has no Social Security/Medicare coverage and is returning to State service with no history on data base.
- 2 - Current exempt employee changing membership to Legislative Retirement System whose rate is 4.00 and has Social Security/Medicare coverage.

U. C. Retirement System Member

- 3 - U. C. Retirement System member (exempt employee) whose rate is 7.10 and who has no Social Security/Medicare coverage and is returning to State service with no history on data base.
- 4 - Current exempt employee changing membership to U. C. Retirement System whose rate is 7.10 and has no Social Security/Medicare coverage.

ENTER: The appropriate rate (up to 4 digits) as mentioned above.

ADDITIONAL INFORMATION: PERS Miscellaneous members in a Two-Tier (Second Tier) plan will generate '00.00' in this field.

Corrections to this item will be accepted only from a retirement system and will generate a new PAR.

EXAMPLE:



## 2.69 (Revised 08/11)

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### ITEM 535 - EXEMPT AUTHORITY

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**DESCRIPTION:** Denotes the legal authority for the exempt appointment.

**REQUIRED:**

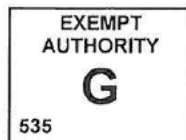
- 1 - For A30 - A35 Transactions except when the new information is the same as what is shown in the shaded area.
- 2 - For S05 Transactions: 1) Resignation to accept CSU appointment; or 2) Moving to, from or between exempt positions when lump sum vacation is paid; or 3) For current PERS member moving to exempt position under a different retirement system; or 4) Appointment or employment by Legislature (House or Legislative Committee).

**ENTER:**

One of the following codes:	It represents this Article of the Constitution:
A	VII 4 (A)
B	VII 4 (B)
C	VII 4 (C)
D	VII 4 (D)
E	VII 4 (E)
F	VII 4 (F)
G	VII 4 (G)
H	VII 4 (H)
I	VII 4 (I)
K	VII 4 (K)
L	VII 4 (L)
M	VII 4 (M)
R	IX 2.1
S	XX 22
T	XXXV 7 /XXI 2

**ADDITIONAL INFORMATION:** This code will be automatically deleted by the computer on A01, A02, or A03 Transactions when employee is returning to civil service from exempt appointment.

**EXAMPLE:**



# PAM

## 3.5 (Revised 08/11)

### APPOINTMENT TRANSACTION CODES (CONT.)

#### SPB/DPA/Court Actions (Cont.)

A21 Split-Off

For appointments to another class using split-off eligibility established by Resolution.

A22 Appointment by SPB, DPA or Court Action in Lieu of Appointment through the Certification Process.

#### Exempt - (Salary Setting Body is included in title)

A30 DPA Exempt

A31 Statutory Exempt

A32 SPB Exempt/DOM State Active Duty Employees  
(Salary Set by DPA & Federal Schedule)

A33 Judicial Council Exempt

A34 California Department of Regenerative Medicine  
Citizens Redistricting Commission

A35 California Conservation Corps. Exempt

3.8  
(Revised 8/11)

APPOINTMENT REQUIRED/CONDITIONAL INDEX (CONT.)

<u>CODE</u>	<u>EMPLOYEE STATUS</u>	<u>DATA BASE HISTORY</u>	<u>PAR FORM</u>	<u>PAGE</u>
<b>A32</b>	New/Returning	No	Padded	3.78
	Additional Position	For Position-No	Padded	3.78
	Returning	Yes	Turnaround	3.79
	Addition Position	For Position-Yes	Turnaround	3.79
	Current	Yes	Turnaround	3.80
	"Immediate Pay Appointment" * -			
	New/Returning	No	Padded	3.81
	Additional Position	No	Padded	3.81
	Returning	Yes	Turnaround	3.82
	Additional Position	Yes	Turnaround	3.82
<b>A33</b>	New/Returning	No	Padded	3.83
	Additional Position	For Position-No	Padded	3.83
	Returning	Yes	Turnaround	3.84
	Addition Position	For Position-Yes	Turnaround	3.84
	Current	Yes	Turnaround	3.85
	"Immediate Pay Appointment" * -			
	New/Returning	No	Padded	3.86
	Additional Position	No	Padded	3.86
	Returning	Yes	Turnaround	3.87
	Additional Position	Yes	Turnaround	3.87
<b>A34</b>	New/Returning	No	Padded	3.87.6
	Additional Position	For Position-No	Padded	3.87.6
	Returning	Yes	Turnaround	3.87.10
	Addition Position	For Position-Yes	Turnaround	3.87.10
	Current	Yes	Turnaround	3.87.8
	"Immediate Pay Appointment" * -			
	New/Returning	No	Padded	3.87.4
	Additional Position	No	Padded	3.87.4
	Returning	Yes	Turnaround	3.87.2
	Additional Position	Yes	Turnaround	3.87.2
<b>A35</b>	New/Returning	No	Padded	3.88
	Additional Position	No	Padded	3.88
	Returning	Yes	Turnaround	3.89
	Addition Position	For Position -Yes	Turnaround	3.89
	Current	Yes	Turnaround	3.90
	"Immediate Pay Appointment" * -			
	New/Returning	No	Padded	3.91
	Additional Position	No	Padded	3.91
	Returning	Yes	Turnaround	3.92
	Additional Position	Yes	Turnaround	3.92

\*Formerly "One Document Method" Appointment.

# PAM

3.20 (Rev. 05/88)

# A01

## CERTIFICATION PROCESS

- 1) Use for employee new to State Service; or
- 2) Use for employee returning to State service with NO history on the data base.

USE PADDED PAR

		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																													
		010 DOCUMENT PROCESSING NUMBER <input type="text"/>																													
1	TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	BIRTH DATE	ADDDY DATE																	
		105	110	115	120	121	122	123	124	126	130	135	140	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160		
2	TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS																										
		170	175	180	185	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215
3	TO:	ACTUAL RATE	SALARY PER	PAY FREQ	BASIS ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DEF	SPECIAL PAY	WVG	PAY LETTER #	PAY LETTER EXPIRATION DATE																
		220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365
4	TO:	TIME BASE	APPT TENURE	# MHS	APPOINTMENT DATE	EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STAT	PROBATIONARY PERIOD	MCR APPROVAL	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE																	
		405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550
5	TO:	ACCOUNT CODE	SAFETY MEMBER	SUPPLYING BENEFITS	GRAD MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	CITIZENSHIP	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	CODE	WCTD/OL DATE																	
		505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650
6	TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID	TIME TO BE PAID (MULTI)	PAY RATE	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM LIMIT	LUMP SUM SERIAL	SEPARATION DATE	EXPIRATION DATE	HOURS	JOB INCURRED INJURY	MONTHLY DED															
		603	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633
7	TO:	TOTAL STATE SERVICE	HOURS	AS OF	INTERMITTENT DATES AND HOURS	SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOOK NO.	REEMPLOY LIST ELIG																						
		705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850

For Immediate Pay Appointment Required/Conditional chart, see page 3.28.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

0824c10



# PAM

3.87.1 (Rev. 05/96)

## LINES **8 - 9** ITEMS:

- |   |  |
|---|--|
| 864 - Legal Reference for Annuitant               | 955 - Multiple Hourly Rate             |
| 884 - License - Additional<br>(DELETE ONLY)       | (DELETE ONLY)                          |
| 886 - Class Title Variation Code<br>(DELETE ONLY) | 960 - Corrected Transaction Identifier |
| 891 - Indeterminate Service<br>Accumulation       | 999 - Deduction Information            |

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## LINE **10** REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 - 2.205 for specific substantiation required on:

- 1 - Certain deductions or payments to be made from employee's final pay. (See PAM page 2.151.)
- 2 - Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency.

APPOINTMENT TRANSACTION CODE A33

# PAM

3.87.2  
Revised 02/11

# A34

## IMMEDIATE PAY APPOINTMENT \*1

Ca. Institute for Regenerative Medicine  
Citizen Redistricting Comm.

- 1) Use for returning exempt employee with previous service as exempt or civil service and history is on data base; or
- 2) Use for exempt additional position when position history is on data base.

### USE TURNAROUND PAR

										005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																		
										010 DOCUMENT PROCESSING NUMBER <input type="text"/>																		
1 TO:	SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER		DEPT CODE	CD ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ARMY DATE												
2 TO:	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED SALARY		NO	NO	NO	NO	NO	NO	NO	NO	NO												
3 TO:	308 ACTUAL RATE		SALARY PER		PAY PERIOD		BASED ON SALARY		FULL SALARY		EXPIRATION DATE OF FULL SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT OFF		SPECIAL PAY		WWD		PAY LETTER #		PAY LETTER EXPIRATION DATE	
4 TO:	TIME BASE		APPT TENURE		# MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST EMP		PRIOR STATE SERVICE		PROBATIONARY PERIOD		ENDDG DATE		MOR APPROVAL		SEA		ETHNIC ORIGIN		PRIOR STATE SERVICE	
5 TO:	ACCOUNT CODE		SAFETY NUMBER		SURVIVORS BENEFITS		DASD NUMBER		INVESTMENT FUND (NLS)		EXEMPT AUTHORITY		DATH		MOR CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE		TYPE		EXPIRATION DATE		JOB HOPPED INJURY	
6 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY PERIOD		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		UNIT		SERIAL		SEPARATION EXPIRATION DATE		HOURS		FRIED MAINTENANCE		FIRST/FINAL DED	
7 TO:	TOTAL STATE SERVICE		AS OF		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS	

- \*1 Refer to PAM Section 5 for documentation of an Immediate Pay Appointment.
  - \*2 Time to be paid can be requested for a maximum of three pay periods.
- Refer to Items 605 and 606 for Instructions.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

# PAM

3.87.3  
NEW 07/11

## LINES **8 – 9** ITEMS:

- |   |  |
|---|--|
| 864 – Legal Reference for Annuitant               | 955 – Multiple Hourly Rate             |
| 884 – License - Additional<br>(DELETE ONLY)       | (DELETE ONLY)                          |
| 886 – Class Title Variation Code<br>(DELETE ONLY) | 960 – Corrected Transaction Identifier |
| 891 - Indeterminate Service<br>Accumulation       | 999 – Deduction Information            |

---

## LINE **10** REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1 – Certain deductions or payments to be made from employee's final pay.  
(See PAM page 2.151.)
- 2 – Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency.

APPOINTMENT TRANSACTION CODE A34

# PAM

3.87.4

Revised 02/11

# A34

## IMMEDIATE PAY APPOINTMENT \*1

Ca. Institute for Regenerative Medicine  
Citizen Redistricting Comm.

- 1) Use for exempt employee with no previous exempt or civil service; or
- 2) Use for returning exempt employee with previous exempt or civil service and **NO** history on data base; or
- 3) Use for exempt additional position when position is new to data base. (See \*2 and \*4.)

**USE PADDED PAR**

006 SEQUENCE NUMBER <input type="text"/>		007 OF <input type="text"/>	
010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
<b>USE PADDED PAR</b>			
1 TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL
2 TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REWARDS
3 TO:	SALARY PER	PAY PERIOD	BASED ON SALARY
4 TO:	TIME BASE	APPT. TYPE	APPOINTMENT EXPIRATION DATE
5 TO:	ACCOUNT TYPE	SAFETY MEMBER	SURVIVORS BENEFITS
6 TO:	REASON FOR SEPARATION	TIME TO BE PAID (MEM)	TIME TO BE PAID (OLD)
7 TO:	TOTAL STATE SERVICE HOURS	AS OF	DATE

- \*1 Refer to PAM Section 5 for documentation of an Immediate Pay Appointment.
- \*2 Required for additional position only.
- \*3 Time to be paid can be requested for a maximum of three pay periods. Refer to Items 605 and 606 for Instructions.
- \*4 For an additional position – Key a 4 on the prompter screen only; leave blank on update screen. (Refer to PAM Section 10, page 10.11.1 – Item 450, for special keying instructions.)

**REQUIRED**  
(MUST be completed)

**CONDITIONAL**  
(MUST be completed when required by ITEM DEFINITION)

**ONE OR MORE REQUIRED**  
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

# PAM

3.87.5  
NEW 07/11

## LINES 8 – 9 ITEMS:

- 864 – Legal Reference for Annuitant
- 891 – Indeterminate Service  
Accumulation
- 960 – Corrected Transaction Identifier
- 999 – Deduction Information

---

## LINE 10 REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1 – Certain deductions or payments to be made from employee's final pay.  
(See PAM page 2.151.)
- 2 – Returning employee (no history on data base) when previous service was exempt only.
- 3 – Returning employee (no history on data base) when previous service was non-posted emergency only.

APPOINTMENT TRANSACTION CODE A34

# PAM

3.87.6  
Revised 02/11

# A34

## EXEMPT

Ca. Institute for Regenerative Medicine  
Citizen Redistricting Comm.

- 1) Use for exempt employee with no previous exempt or civil service; or
- 2) Use for returning exempt employee with previous exempt or civil service and **NO** history on data base; or
- 3) Use for exempt additional position when position is new to data base. (See \*1 and \*2.)

USE PADDED PAR

SOCIAL SECURITY #		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER		DEPT CODE		CB ID		COUNTY CODE		BIRTH DATE		ANNUL DATE															
1	TO:																														
2	TO:	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EMPLOYEE																							
3	TO:	ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE NAME		PAYROLL STATUS		SHIFT DPT.		SPECIAL PAY		MWD		PAY LETTER #		PAY LETTER EXPIRATION DATE			
4	TO:	THE BASE		APPT TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		CERT. #		TYPE OF LIST OR EXAM STAT		PROBATIONARY PERIOD CODE		ENDNG DATE		MOR APPROVAL CODE		FORM		DATE		SLS		ETHIC OPEN		PICK STATE SERVICE		DISABIT CODE	
5	TO:	ACCOUNT CODE		SAFETY NUMBER		SURVIVORS BENEFITS		SS/PED		RETIREMENT		DELETT AUTHORITY		DATH		HON-CITIZEN		MEDICAL CLEARANCE		PAGE/PWENT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY DATE		INCTIVED DATE			
6	TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (HRS)		TIME TO BE PAID (DAS)		TIME TO BE PAID (HRS)		TIME TO BE PAID (DAS)		PAT NAMED		LUMP SUM TO BE PAID		LUMP SUM (EXTRA HOURS)		LUMP SUM PAYMENT CODE		LUMP SUM UNIT & SERIAL		SEPARATION EXPIRATION DATE		HOURS		FRIED MAINTENANCE MONTHLY DED			
7	TO:	TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LTD		REEMPLOY LIST ELIG		FRIED MAINTENANCE MONTHLY DED		MONTHLY DED													

\*1 Required for additional position only.

\*2 For an additional position – Key a 4 on the prompter screen only; leave blank on update screen. (Refer to PAM Section 10, page 10.11.1 – Item 450, for special keying instructions.)

**==** REQUIRED  
(MUST be completed)

**○** CONDITIONAL  
(MUST be completed when required by ITEM DEFINITION)

**●** ONE OR MORE REQUIRED  
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

# PAM

3.87.7  
NEW 07/11

LINES **8 – 9** ITEMS:

864 – Legal Reference for Annuitant

960 – Corrected Transaction  
Identifier

---

LINE **10** REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1 – Returning employee (no history on data base) when previous service was exempt only.
- 2 – Returning employee (no history on data base) when previous service was non-posted emergency only.

APPOINTMENT TRANSACTION CODE A34

# PAM

3.87.8  
Revised 02/11

# A34

## EXEMPT

Ca. Institute for Regenerative Medicine  
Citizen Redistricting Comm.

Use for current civil service or exempt employee who is receiving an exempt appointment.

**USE TURNAROUND PAR**

										001 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
										010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1 TO	SSN SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT. CODE	CB ID	COUNTY CODE	OTHER POSITION	MTG DATE	ANNY DATE
2 TO	EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EMPLOYMENT						
3 TO	SEE ACTUAL RATE	SALARY PER	FREQ.	BASIS ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROL STATUS	SHIFT DEF.	SPECIAL PAY	WAGE	PAY LETTER
4 TO	APPOINTMENT DATE	APPOINTMENT HOURS	CERT. #	TYPE OF LET OR EMP. STAT.	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	FORM	DATE	SEA	EXPIR. ORIGIN	PREV. STATE SERVICE	PREV. STATE SERVICE DATE
5 TO	SAVING MEMBER	SUPPL. PLAN	DATE	RETIRES. RATE (%)	EMP. AUTHORITY	DATE	NON-COLLEGE	MEDICAL CLEARANCE	PROFESSIONAL	TYPE	EXPIRATION DATE	COOL	NOTE EX. DATE
6 TO	LEAVE TYPE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
7 TO	LEAVE TYPE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)



# PAM

3.87.9  
NEW 07/11

## LINES 8 – 9 ITEMS:

857 – Emergency Qualifying Time  
869 – Reemployment List  
Eligibility Date  
871 – Right of Return Designation  
884 – License – Additional  
886 – Class Title Variation Code  
(DELETE ONLY)

891 – Indeterminate Service  
Accumulation  
892 – Last Day on Pay Status  
955 – Multiple Hourly Rate  
(DELETE ONLY)  
960 – Corrected Transaction  
Identifier

---

## LINE 10 REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1 – Item 710 computations for daily rate employee.
- 2 – Transaction requiring “Concurring Appointing Power Signature” when Keyed by a decentralized agency.

APPOINTMENT TRANSACTION CODE A34

# PAM

3.87.10  
Revised 02/11

# A34

## EXEMPT

Ca. Institute for Regenerative Medicine  
Citizen Redistricting Comm.

- 1) Use for returning exempt employee with previous service as exempt or civil Service and history is on data base; or
- 2) Use for exempt additional position when position history is on data base.

### USE TURNAROUND PAR

												001 SEQUENCE NUMBER <input type="text"/> of <input type="text"/>					
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
1	SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER		DEPT CODE	DE C	COU CODE	OTHER POS'ON	EMP DATE	ANNR DATE	
2	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REASONS			METABOLIC LEAVINGS		NO	ID	NO	ID	NO	ID	NO	ID	NO	ID
3	NO. REFUN. DAYS	SALARY PER	PAY FREQ	BASIS ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANSE	PAYROL STATUS	SHIF DPT	SPECIAL PAY	WHD	PAY LETTER	EXPIRATION DATE			
4	AMOUNTMENT	EXPIRATION DATE	HOURS	CERT #	TYPE OF EMP STAT	PROBATION PERIOD	ENDING DATE	CODE	FORM	DATE	MC APPROVAL	DATE	EXTENSION	PROB STATE			
5	SAFETY MEMBER	SUPPORTIVE BENEFITS	SALES MEMBER	REPRESENT RATE (%)	EXEMPT AUTHORITY	DATE	NON-CITIZEN	MEDICAL CLEARANCE	PROFESSIONAL	TYPE	EXPIRATION DATE	CODE	EXPIRATION DATE	CODE	EXPIRATION DATE	CODE	
6	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	TIME TO BE PAID	
7	STATE SERVICE	AS OF	INTERRUPTIN DATES AND HOURS	PERIOD	SERVICE PERIOD	SPECIAL PER	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

# PAM

3.87.11

NEW 07/11

LINES **8 – 9** ITEMS:

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LINE **10** REMARKS AND BACKUP INFORMATION:

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

- 1 – Transaction requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency.

APPOINTMENT TRANSACTION CODE A34

# PAM

3.88 (Rev. 05/99)

# A35

## CCC/ECOLOGY CORPS, EXEMPT

- 1) Use for exempt employee with no previous exempt or civil service; or
- 2) Use for returning exempt employee with previous exempt or civil service and **NO** history on data base; or
- 3) Use for exempt additional position when position is new to data base. (See \*1 and \*2).

**USE PADDED PAR**

										005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
										010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
<b>USE PADDED PAR</b>																	
1 TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	BIRTH DATE					
2 TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			L-RELATED EARNINGS										
3 TO:	300 ACTUAL RATE	300 SALARY PER	300 PAY PERIOD	300 PLUS SALARY	300 EXPIRATION DATE OF PLUS SALARY	300 ANNIVERSARY DATE	300 ALTERNATE RANGE	300 PAYROLL STATUS	300 SHIFT DEF.	300 SPECIAL PAY	300 WWG	300 PAY LETTER #	300 PAY LETTER EXPIRATION DATE				
4 TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT DATE	EXPIRATION DATE	CERT. #	TYPE OF LIST OR EXAM STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MOR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE	
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/RED MEMBERSHIP	RETIREMENT RATE (%)	EXEMPT AUTHORITY	CITIZENSHIP	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WCTD/DEL DATE				
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY PERIOD	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	EXPIRATION DATE	HOURS	FRID MAINTENANCE PRST/FINAL DED	MONTHLY DED		
7 TO:	TOTAL STATE SERVICE	INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD			REEMPLOYMENT LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG

- \*1 Required for additional position only.
- \*2 For an additional position - Key a 4 on the prompter screen only; leave blank on update screen. (Refer to PAM Section 10, page 10.11.1 - Item 450, for special keying instructions.)

- REQUIRED**  
(MUST be completed)
- CONDITIONAL**  
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED**  
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)