

State Controller's Office

Personnel Action Manual

Section 3

PAR Appointment Transactions

Rev. 05/2022



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REQUIRED/CONDITIONAL CHARTS

Section 3.0 (Revised 08/84)

Description/Purpose

The Required/Conditional Charts are an aid for use in completing the PAR. Each Required/Conditional Chart indicates specific PAR items to be considered for completion of that transaction.

The Required/Conditional Charts are set up by:

- Transaction Code
- Employment Status (new, current, or returning to State service)
- Employment History Status (whether or not the employee's employment history is on the database)

Legends

Each chart contains the following legends:

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Line 8/9 Items and Codes may need to be completed. When (REQUIRED) is indicated after an 8/9 item, it must be completed. Line 8/9 items and codes are required under conditions which are explained in the item's definition (pages 2.100 – 2.151).

(Delete Only) indicates that the information printed in the shaded area may be deleted. To delete a line 8/9 item, enter the item and *EOF (see PAM page 2.100 and 3.2).

Line 10 - Backup and Remarks – Transactions and/or conditions listed in this section require backup information. Refer to Line 10 – Completion Charts on pages 2.201 – 2.205 for an explanation of the type of backup necessary.

Use of the Charts

Follow these steps to determine which chart to use for a transaction.

1. Decide which transaction code is appropriate (for example – A01 for certification process, A02 for transfer, S01 for voluntary resignation without fault).
2. For appointments, determine employment status (new, returning, current). Determine whether or not the employee's employment history is on the database.
3. See the Required/Conditional chart indexes for further information:
 - Appointments – page 3.6
 - Miscellaneous Changes – 3.100
 - Separations – page 3.2

Reminders for Use of the R/C Charts

- Entries can only be made when an item on the Required/Conditional chart shows a LEGEND. All other items on that chart are considered NONALLOWABLE and cannot have entries.

Follow the Required/Conditional chart item by item to determine which item must be considered for the transaction being documented. In doing so, all of the information which the system requires for a valid transaction will be recorded.

- Do not reenter information already printed in the shaded area unless:
 - the chart indicates that the item is REQUIRED; or
 - the item definition indicates an entry is required; or
 - Section 9 = Corrective Action Procedures indicates otherwise.
- To delete information shown in the shaded area of an item, one of the following symbols must be used:
 - * - asterisk
 - *EOF - asterisk and alpha letters EOF
 - 0EOF - numeric zero and alpha letters EOF
 - 0000 - numeric zeros

To determine which symbol to use for deletion of:

- Lines 1 – 7 Items, refer to the specific item definition (pages 2.20 – 2.96).
- Lines 8/9 Items, refer to page 2.101.

To determine which symbol to use when correcting a transaction, refer to Section 9.

Do not make an entry if the item is not allowable for the transaction being documented or if the item definition states that the information will automatically be deleted by the computer.

- DO NOT RELY ON MEMORY when deciding if a conditional item must be entered. Conditional items are required under certain conditions and these conditions change frequently. Reread the item definition to determine when a conditional item is required.
- The purpose of the ONE OR MORE REQUIRED legend is to verify that information is changing for any or all of the items marked with the legend on that chart. When none of these items are changing, the chart being considered is incorrect.

APPOINTMENT TRANSACTION CODES

Section 3.3 (Revised 02/06)

See PAM page 2.209 for inactive/redefined transaction codes.

Civil Service Eligibility – Permissive or Mandatory

A01 Certification Process

For all appointments requiring authorization through the certification process. Includes TAU, LT and CEA list appointments.

A02 Civil Service Eligibility - Permissive

- 1 - For permissive appointments (transfer, voluntary demotion or permissive reinstatement) to same or a different class based on employee eligibility other than employment list eligibility.
- 2 - For emergency and retired annuitant appointments.
- 3 - For agency code change within one appointing power (except budgetary, statutory or administrative reorganization).
- 4 - For unit change for MCR II class (change in duties).
- 5 - For agency or unit change when there is no MCR for the class.
- 6 - For Actual Time Worked employees – to extend appointment expiration date.
- 7 - For Limited Term appointment – to extend expiration date up to two years (less one day) from the effective date of the original “LT” appointment.

A03 Civil Service Eligibility – Mandatory

- 1 - For appointments to same or different class based on mandatory reinstatement eligibility.
- 2 - For employees who are “blanketed” into State service.

A04 Training Assignment under G.C. Section 19050.8.

A09 Token appointment by certification process while on Military Leave.

Directed/Ordered Action

A10 In Lieu of Layoff

For appointments to which an employee has a right in order to prevent his/her layoff. Always under the same appointing power.

A11 Involuntary Reassignment

For appointments ordered by the appointing authority. May be same or substantially the same class or different location.

A12 Medical Reasons

For appointments to same or different class or location for medical reasons ordered by appointing power.

A13 Reorganization

For appointments to same class; same or different location; or same or different appointing power due to Budgetary, Statutory or Administrative reorganizations.

A14 Adverse Demotion

For class or alternate range change of deep class due to adverse action.

SPB/DPA/Court Actions

- A20 Reallocation
 For appointments to another class as specified by Resolution.
- 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

APPOINTMENT REQUIRED/CONDITIONAL INDEX

Section 3.6 (Revised 02/06)

(See PAM Page 2.209.1 for inactive/redefined transaction codes)

CODE	EMPLOYEE STATUS	DATABASE HISTORY	PAR FORM	PAGE
A01	New/Returning	No	Padded	3.20
	Additional Position	For Position – No	Padded	3.22
	Returning	Yes	Turnaround	3.24
	Additional Position	For Position – Yes	Turnaround	3.24
	Current	Yes	Turnaround	3.26
A01 or A02	“Immediate Pay Appointment”*			
	New/Returning	No	Padded	3.28
	Additional Position	No	Padded	3.28
	Returning	Yes	Turnaround	3.30
	Additional Position	Yes	Turnaround	3.30
A02	New/Returning	No	Padded	3.32
	Additional Position	For Position – No	Padded	3.34
	Returning	Yes	Turnaround	3.36
	Additional Position	For Position – Yes	Turnaround	3.36
	Current	Yes	Turnaround	3.38
A03	Blanketed into State Service	No	Padded	3.40
	Returning	No	Padded	3.40
	Returning	Yes	Turnaround	3.42
	Current	Yes	Turnaround	3.44
A04	Current	Yes	Turnaround	3.46
A09	Returning	Yes	Turnaround	3.48
A10	Current	Yes	Turnaround	3.50
A11	Current	Yes	Turnaround	3.52
A12	Current	Yes	Turnaround	3.54
A13	Current	Yes	Turnaround	3.56
A14	Current	Yes	Turnaround	3.58

* Formerly “One Document Method” Appointment

CODE	EMPLOYEE STATUS	DATABASE HISTORY	PAR FORM	PAGE
A20	Current	Yes	Turnaround	3.60
A21	Current	Yes	Turnaround	3.62
A22	Returning	Yes	Turnaround	3.64
	Additional Position	For Position – No	Padded	3.65
	Current	Yes	Turnaround	3.66
A30	New/Returning	No	Padded	3.68
	Additional Position	For Position – No	Padded	3.68
	Returning	Yes	Turnaround	3.69
	Additional Position	For Position – Yes	Turnaround	3.69
	Current	Yes	Turnaround	3.70
	“Immediate Pay Appointment”*			
	New/Returning	No	Padded	3.71
	Additional Position	No	Padded	3.71
	Returning	Yes	Turnaround	3.72
	Additional Position	Yes	Turnaround	3.72
A31	New/Returning	No	Padded	3.73
	Additional Position	For Position – No	Padded	3.73
	Returning	Yes	Turnaround	3.74
	Additional Position	For Position – Yes	Turnaround	3.74
	Current	Yes	Turnaround	3.75
	“Immediate Pay Appointment”*			
	New/Returning	No	Padded	3.76
	Additional Position	No	Padded	3.76
	Returning	Yes	Turnaround	3.77
	Additional Position	Yes	Turnaround	3.77

* Formerly “One Document Method” Appointment

CODE	EMPLOYEE STATUS	DATABASE HISTORY	PAR FORM	PAGE
A32	New/Returning	No	Padded	3.78
	Additional Position	For Position – No	Padded	3.78
	Returning	Yes	Turnaround	3.79
	Additional 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
A33	New/Returning	No	Padded	3.83
	Additional Position	For Position – No	Padded	3.83
	Returning	Yes	Turnaround	3.84
	Additional 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
A34	New/Returning	No	Padded	3.87.6
	Additional Position	For Position – No	Padded	3.87.6
	Returning	Yes	Turnaround	3.87.10
	Additional 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
A35	New/Returning	No	Padded	3.88
	Addition Position	No	Padded	3.88
	Returning	Yes	Turnaround	3.89
	Additional 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

Section 3.20: PADDED PAR CERTIFICATION PROCESS (Revised 05/22)

A01

- Use for employee new to State Service
or
- 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"/>		
USE PADDED PAR																
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351				IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	SEX		PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF	1) / / THRU / /											
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY	HOURS HDTH				715 MM/YY	720	725	726	730	735	740

For Immediate Pay Appointment Required/Conditional chart, see Section 3.28

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	878 – TAU Clearance
853 – Commitment Date	884 – License – Additional
858 – List Clearance Date	886 – Class Title Variation Code
859 – Flag Clearance, Employment List Substantiation	891 – Indeterminate Service Accumulation
861 – Health and Welfare Benefits	895 – Academic Days Not Worked
863 – Intermittent Hours Work Expected	951 – Appointment Restriction – Specific Sex
864 – Legal Reference for Annuitant	952 – Case Number and Date of Action
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Returning employee (no history on data base) when previous service was exempt only
9. Returning employee (no history on data base) when previous service was non-posted emergency only
10. A01 – Special Consultant and New Program Consultant Appointments
11. A01 or A02 after an S41
12. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A01

- Use for position new to 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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
									AGENCY	UNIT	CLASS	SERIAL						
		105	110	111	120	121	122	123	124	126	130	135	140	142				
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
										IND	ID	IND	ID	IND	ID	IND	ID	
		205	210	215	351										352			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
		306 TOTAL SALARY																
		310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356					
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416		425	426	430		435			440	445	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE			
		505	510	515	520	525	530	535	540	545	550	555	560					
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FDX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655				
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		
		705		MM/DD/YY														

For Immediate Pay Appointment Required/Conditional chart, see Section 3.28

*1 Key a 4 on prompter screen only; leave blank on update screen (refer to PAM Section 10, page 10.11.1, Item 450 for special keying instructions)

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation (Required)	878 – TAU Clearance
851 – Alternate Salary Range Criteria	884 – License – Additional
853 – Commitment Date	886 – Class Title Variation Code
858 – List Clearance Date	890 – Employment During Leave of Absence Clearance
859 – Flag Clearance, Employment List Substantiation	891 – Indeterminate Service Accumulation
861 – Health and Welfare Benefits	895 – Academic Days Not Worked
863 – Intermittent Hours Work Expected	951 – Appointment Restriction – Specific Sex
864 – Legal Reference for Annuitant	952 – Case Number and Date of Action
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
872 – Salary Increase Certification	957 – Other Eligibility Substantiation
873 – Salary Rate Substantiation, Above Minimum	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. Certain deductions or payments to be made from employee’s final pay (see PAM page 2.151)
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01 – Special Consultant and New Program Consultant Appointments
10. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A01

- Use for employee returning to State service when history is on data base
or
- Use for 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	CB ID	COUNTY CODE	OTHER POSITION:	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND		
		205	210	215				351				352				
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX		PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 D/M HRS HDTH	607 D/M HRS HDTH	615	620 D/M HRS HDTH	625 D/M HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735		
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DO YY MM DO YY	HOURS HDTH										

For Immediate Pay Appointment Required/Conditional chart, see Section 3.30

*1 Optional for additional position

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation	876 – Anniversary Date – Second Accelerated – (DELETE ONLY)
851 – Alternate Salary Range Criteria	878 – TAU Clearance
853 – Commitment Date	884 – License – Additional
857 – Emergency Qualifying Time (DELETE ONLY)	886 – Class Title Variation Code
858 – List Clearance Date	890 – Employment During Leave of Absence Clearance
859 – Flag Clearance, Employment List Substantiation	891 – Indeterminate Service Accumulation
861 – Health and Welfare Benefits	895 – Academic Days Not Worked
863 – Intermittent Hours Work Expected	951 – Appointment Restriction – Specific Sex
864 – Legal Reference for Annuitant	952 – Case Number and Date of Action
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
871 – Right of Return Designation	957 – Other Eligibility Substantiation
872 – Salary Increase Certification	960 – Corrected Transaction Identifier
873 – Salary Rate Substantiation, Above Minimum	

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01 – Special Consultant and New Program Consultant Appointments
10. A01 or A02 after an S41
11. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A01

- Use for current employee

USE TURNAROUND PAR

															005 SEQUENCE NUMBER <input type="text"/> <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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#NOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAS HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	MOS	HOURS	AS OF	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	876 – Anniversary Date – Second Accelerated
853 – Commitment Date	878 – TAU Clearance
857 – Emergency Qualifying Time	884 – License – Additional
858 – List Clearance Date	886 – Class Title Variation Code
859 – Flag Clearance, Employment List Substantiation	891 – Indeterminate Service Accumulation
861 – Health and Welfare Benefits	892 – Last Day on Pay Status
863 – Intermittent Hours Work Expected	895 – Academic Days Not Worked
864 – Legal Reference for Annuitant	951 – Appointment Restriction – Specific Sex
867 – Limited-Term/Anniversary Date Justification	952 – Case Number and Date of Action
869 – Reemployment List Eligibility Date	955 – Multiple Hourly Rate
871 – Right of Return Designation	957 – Other Eligibility Substantiation
872 – Salary Increase Certification	960 – Corrected Transaction Identifier
873 – Salary Rate Substantiation, Above Minimum	

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Item 867 when entry is Code 7 or 9
9. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
10. A01 – Special Consultant and New Program Consultant Appointments
11. A01, A02, or A03 after exempt appointment (when there is no break in service)
12. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A01 OR A02

Section 3.28: IMMEDIATE PAY APPOINTMENT *1 (Revised 05/22)

A01 or A02

Retired Annuitant *2, Emergency *2, LT, TAU Only

- Use for employee new to State Service
or
- Use for employee returning to State Service with NO history on the data base
or
- Use for additional position new to the data base. (See *5 and *7)

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID												
									AGENCY UNIT CLASS SERIAL																					
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																			
											IND	ID	IND	ID	IND	ID	IND	ID												
3	TO		305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNU DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE	
4	TO		TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
5	TO		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/HED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH *5		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE	
6	TO		REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.	
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																	

- *1 Either the Immediate Pay Appointment or the Normal appointment/separation method may be used. Refer to PAM Section 5 for documentation of an Immediate Pay Appointment. Refer to the appropriate Required/Conditional chart for the normal appointment/separation document method.
- *2 Retired Annuitant or Emergency Appointment MUST be documented as an A02 Transaction.
- *3 Enter "M" regardless of the normal pay frequency for the position. Except if no salary enter "0".
- *4 Item 325 cannot have an entry for Emergency or Retired Annuitant Appointment.

- *5 Do not complete for additional position.
- *6 Time to be paid can be requested for a maximum of three pay periods. Refer to items 605 and 606 for instructions.
- *7 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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation	878 – TAU Clearance
851 – Alternate Salary Range Criteria	879 – Time Base Substantiation
853 – Commitment Date	884 – License - Additional
858 – List Clearance Date	886 – Class Title Variation Code
859 – Flag Clearance, Employment List Substantiation	891 – Indeterminate Service Accumulation
861 – Health and Welfare Benefits	895 – Academic Days Not Worked
863 – Intermittent Hours Work Expected	951 – Appointment Restriction – Specific Sex
864 – Legal Reference for Annuitant (Required for Retired Annuitant Appointment)	955 – Multiple Hourly Rate
867 – Limited-Term/Anniversary Date Justification	957 – Other Eligibility Substantiation
873 – Salary Rate Substantiation, Above Minimum	960 – Corrected Transaction Identifier
	999 – Deduction Information Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. Certain deductions or payments to be made from employee’s final pay.
(See PAM page 2.151)
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Returning employee (no history on database) when previous service was exempt only
9. Returning employee (no history on database) when previous service was non-posted
emergency only
10. A01 or A02 after an S41

A01 or A02

Retired Annuitant*2, Emergency*2, LT, TAU Only

- Use for employee returning to State Service with history on data base or
- Use for 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215	*4				351	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		MOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735
				MM/DD/YY	2) / / THRU / /									
					3) / / THRU / /									
					710 MM DD YY MM DD YY	HOURS HDTH								

- *1 Either the Immediate Pay Appointment or the Normal appointment/separation method may be used. Refer to PAM Section 5 for documentation of an Immediate Pay Appointment. Refer to the appropriate Required/Conditional chart for the normal appointment/separation document method.
- *2 Retired Annuitant or Emergency Appointment MUST be documented as an A02 Transaction.
Acting Assignment Appointment cannot be processed as an Immediate Pay Appointment. It must be processed by the normal appointment/separation document.
- *3 Enter "M" regardless of the normal pay frequency for the position. Except if no salary enter "0".
- *4 Item 325 cannot have an entry for Emergency or Retired Annuitant Appointment.
- *5 Time to be paid can be requested for a maximum of three pay periods. Refer to items 605 and 606 for instructions.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation	876 – Anniversary Date – Second Accelerated (Deleted Only)
851 – Alternate Salary Range Criteria	878 – TAU Clearance (A01 Only)
853 – Commitment Date	879 – Time Base Substantiation
858 – List Clearance Date	884 – License - Additional
859 – Flag Clearance, Employment List Substantiation	886 – Class Title Variation Code
861 – Health and Welfare Benefits	891 – Indeterminate Service Accumulation
863 – Intermittent Hours Work Expected	895 – Academic Days Not Worked
864 – Legal Reference for Annuitant (Required for Retired Annuitant Appointment)	951 – Appointment Restriction – Specific Sex
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
871 – Right of Return Designation	957 – Other Eligibility Substantiation
872 – Salary Increase Certification	960 – Corrected Transaction Identifier
873 – Salary Rate Substantiation, Above Minimum	999 – Deduction Information Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. Certain deductions or payments to be made from employee’s final pay.
(See PAM page 2.151)
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01 – Special Consultant and New Program Consultant Appointments
10. A01 or A02 after an S41

Section 3.32: CIVIL SERVICE ELIGIBILITY – PERMISSIVE (Revised 05/22)

A02

- Use for employee returning to State service with NO history on data base
or
- Use for Retired Annuitant*1 or Emergency employee who is new or returning to State service with NO history on 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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID				
								AGENCY	UNIT	CLASS	SERIAL										
		105	110		111		120		121	122	123	124	125	130	135	140	142				
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
										IND	ID	IND	ID	IND	ID	IND	ID				
		205	210				215				351				352						
3	TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
		306 TOTAL SALARY																			
		310	315	320			325	*2			330	335	340	345	350	355	356				
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416		425	426		430		435							455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH		NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE				
		505	510	515	520	525	530	535	540	545	550	555	560			565					
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.				
		603	605 NM/YY	606 D/M	HRS	HDTH	607 D/M	HRS	HDTH	615	620 D/M	HRS	HDTH	625 D/M	HRS	HDTH	630	635	636	645	655
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
		NOS	HOURS	AS OF																	
		705			NM/DD/YY						710 NM DD YY NM DD YY HOURS HDTH		715 NM/YY	720	725	726	730	735	740		

*1 Retired Annuitant may be appointed by either the Immediate Pay Appointment or the normal appointment/separation method. Refer to the appropriate Required/Conditional chart for Immediate Pay Appointment.

*2 Item 325 cannot have an entry for Emergency or Retired Annuitant appointment.

*3 Item 435 is not required for Emergency or Retired Annuitant appointment.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	879 – Time Base Substantiation
853 – Commitment Date	884 – License – Additional
857 – Emergency Qualifying Time	886 – Class Title Variation Code
861 – Health and Welfare Benefits	891 – Indeterminate Service Accumulation
863 – Intermittent Hours Work Expected	895 – Academic Days Not Worked
864 – Legal Reference for Annuitant	952 – Case Number and Date of Action
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Decrease in time base
6. Hiring above minimum and Item 873 is Code 1 or 6
7. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
8. Item 867 when entry is Code 7 or 9
9. Returning employee (no history on data base) when previous service was exempt only
10. Returning employee (no history on data base) when previous service was non-posted emergency only
11. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
12. A01 or A02 after S41
13. A02 effective within 30 days of S01
14. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A02

- Use for position new to the database

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID	
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215	351	352	353	354	355	356	357	358	359	360	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356	357	358
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	436	437	438	439	440	445
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	566
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 HH/YY	606 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655	656	657
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG		
		705	706	707	708	710	711	712	713	714	715	720	725	730	735

*1 Item 435 is not required for Emergency or Retired Annuitant appointments.

See PAM Section 5 – Additional Position Documentation.

*2 Key a 4 on prompter screen only; leave blank on update screen.

(Refer to PAM Section 10, page 10.11.1, Item 450 for special keying instructions)

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

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation (Required)	873 – Salary Rate Substantiation, Above Minimum
851 – Alternate Salary Range Criteria	884 – License – Additional
857 – Emergency Qualifying Time	886 – Class Title Variation Code
861 – Health and Welfare Benefits	890 – Employment During Leave of Absence Clearance
863 – Intermittent Hours Work Expected	891 – Indeterminate Service Accumulation
864 – Legal Reference for Annuitant (Required for Retired Annuitant Appointment)	895 – Academic Days Not Worked
867 – Limited-Term/Anniversary Date Justification	952 – Case Number and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. Certain deductions or payments to be made from employee’s final pay
(see PAM page 2.151)
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 867 when entry is Code 7 or 9
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a
decentralized agency
9. A01 – Special Consultant and New Program Consultant Appointments
10. A01, A02 or A03 to permanent appointment when employee is reinstating from
retirement status

A02

- Use for employee returning to State service when history on the database or
- Use for additional position when position history is on database

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	*2				351							
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	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 HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DMS HRS HDTH	607 DMS HRS HDTH	615	620 DMS HRS HDTH	625 DMS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /											
		705		NN/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY	MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		

*1 Conditional for Additional Position.

*2 Required when reinstating after termination of Career Executive Assignment.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation	876 – Anniversary Date – Second Accelerated (DELETE ONLY)
851 – Alternate Salary Range Criteria	879 – Time Base Substantiation
853 – Commitment Date	884 – License – Additional
856 – Demotion Reason	886 – Class Title Variation Code
857 – Emergency Qualifying Time	890 – Employment During Leave of Absence Clearance
861 – Health and Welfare Benefits	891 – Indeterminate Service Accumulation
863 – Intermittent Hours Work Expected	895 – Academic Days Not Worked
864 – Legal Reference for Annuitant	952 – Case Number and Date of Action
867 – Limited-Term/Anniversary Date Justification	955 – Multiple Hourly Rate
872 – Salary Increase Certification	957 – Other Eligibility Substantiation
873 – Salary Rate Substantiation, Above Minimum	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Decrease in time base
6. Employee demoting and Item 856 is Code 11
7. Hiring above minimum and Item 873 is Code 1 or 6
8. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
9. Item 867 when entry is Code 7 or 9
10. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency.
11. A01 or A02 after an S41
12. A01, A02, or A03 after exempt appointment (when there is no break in service)
13. A02 effective within 30 days of S01
14. A01, A02, A03 to permanent appointment when employee is reinstating from retirement status.

For Immediate Pay Appointment Required/Conditional Chart refer to PAM page 3.30.

A02

- Use for current employee

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	125	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	*1	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

*1 Required when reinstating after termination of Career Executive Assignment.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	876 – Anniversary Date - Second Accelerated
856 – Demotion Reason	879 – Time Base Substantiation
857 – Emergency Qualifying Time	884 – License - Additional
863 – Intermittent Hours Work Expected	886 – Class Title Variation Code
864 – Legal Reference for Annuitant	891 – Indeterminate Service Accumulation
867 – Limited Term/Anniversary Date Justification	892 – Last Day on Pay Status
869 – Reemployment List Eligibility Date	895 – Academic Days Not Worked
871 – Right of Return Designation	952 – Case No. and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Casual Employment
4. CEA Appointment
5. Decrease in time base
6. Employee demoting and Item 856 is Code 11
7. Hiring above minimum and Item 873 is Code 1 or 6
8. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
9. Item 710 computations for daily rate employee
10. Item 867 when entry is Code 7 or 9
11. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
12. A01, A02, or A03 after exempt appointment (when there is no break in service)
13. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

Section 3.40: CIVIL SERVICE ELIGIBILITY – MANDATORY (Revised 05/22)

A03

- Use for new employee blanketed into State service
or
- Use for employee returning to State service with NO history on 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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION:	BIRTH DATE	OPED CBID												
		105		110		111		120		121		122		123		124		126		130		135		140		142				
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				IND ID		IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID				
			205		210		215				351		352	353	354	355	356	357	358	359	360	361	362	363	364	365	366			
3	TO		305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNUAL DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE	
			306		310		315		320		325		330		335		340		345		350		355		356		357		358	
4	TO		TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
			405		410		415		416		425		426		430		435		440		445		450		455		460		465	
5	TO		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY DATE			
			505		510		515		520		525		530		535		540		545		550		555		560		565		570	
6	TO		REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
			603		605		606		607		615		620		625		630		635		640		645		650		655			
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																	
			705		710		715		720		725		730		735		740		745		750		755		760		765			

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Range Criteria	884 – License – Additional
863 – Intermittent Hours Work Expected	886 – Class Title Variation Code
864 – Legal Reference For Annuitant	891 – Indeterminate Service Accumulation
865 – Military Substantiation	895 – Academic Days Not Worked
871 – Right of Return Designation	952 – Case No. and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Hiring above minimum and Item 873 is Code 1 or 6
4. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
5. Item 710 computations for daily rate employee
6. Returning employee (no history on data base) when previous service was exempt only.
7. Returning employee (no history on data base) when previous service was non-posted emergency only
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01, A02 or A03 after exempt appointment (when there is no break in service)
10. A03 after A12 or S32
11. A03 after S52
12. A03 after S53
13. A03 after S55 (per G.C. 19340)
14. A01, A02, or A03 to permanent appointment when employee is reinstating from retirement status

A03

- Use for employee returning to State service when history is on the 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	125	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	*1	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID (S) (V)	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740		

*1 Required when reinstating after termination of Career Executive Assignment.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	884 – License – Additional
857 – Emergency Qualifying Time (DELETE ONLY)	886 – Class Title Variation Code
863 – Intermittent Hours Work Expected	891 – Indeterminate Service Accumulation
864 – Legal Reference For Annuitant	895 – Academic Days Not Worked
865 – Military Substantiation	952 – Case No. and Date of Action
871 – Right of Return Designation	955 – Multiple Hourly Rate
872 – Salary Increase Certification	957 – Other Eligibility Substantiation
873 – Salary Rate Substantiation, Above Minimum	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351.
3. CEA Appointment
4. Decrease in time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01, A02 or A03 after exempt appointment (when there is no break in service.)
10. A03 after A12 or S32
11. A03 after S51
12. A03 after S52
13. A03 after S53
14. A03 after S55 (per G.C. 19340)
15. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A03

- Use for current employee

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	125	130	135	140	142			
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	*1				351	352	353	354	355	356	357	358	359
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356	357	358	359	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE			
		405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
		603	605	606	607	615	620	625	630	635	636	645	655	665	675	685	
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	710	715	720	725	730	735	740	745	750	755	760	765	770		

*1 Required when reinstating after termination of Career Executive Assignment.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	886 – Class Title Variation Code
857 – Emergency Qualifying Time	891 – Indeterminate Service Accumulation
863 – Intermittent Hours Work Expected	892 – Last Day on Pay Status
864 – Legal Reference for Annuitant	895 – Academic Days Not Worked
871 – Right of Return Designation	952 – Case No. and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
884 – License – Additional	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351.
3. CEA Appointment
4. Decrease in time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A01, A02 or A03 after exempt appointment (when there is no break in service)
10. A03 after A12 or S32
11. A01, A02 or A03 to permanent appointment when employee is reinstating from retirement status

A04

- Use for current employee

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
		205	210					IND	ID	IND	ID	IND	ID	IND	ID	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416		425	426	430	435	440	445	450	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY			
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU /	2) / / THRU /	3) / / THRU /	710 MM DD YY HH DD YY	715 MM/YY	720	725	726	730	735	740	

*Refer to PAM page 5.50 if returning employee after S49 or S50 transaction, or before promoting/transferring employee after completion/termination of A04.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria
864 – Legal Reference For Annuitant
871 – Right of Return Designation
(REQUIRED)
879 – Time Base Substantiation
884 – License – Additional

886 – Class Title Variation Code
891 – Indeterminate Service Accumulation
892 – Last Day on Pay Status
895 – Academic Days Not Worked
952 – Case No. and Date of Action
955 – Multiple Hourly Rate
960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate Salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. CEA Appointment
4. Decrease in time base
5. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
6. Item 710 computations for daily rate employee
7. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.48: TOKEN APPOINTMENT (Revised 05/22)

A09

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF		1) / / THRU / /		715 MM/YY	720	725	726	730	735	740		

*1 The date employee is reachable on sub-divisional or departmental reemployment list (mandatory) or promotional or general reemployment list (permissive). Refer to PTM Section 216.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. CEA Appointment
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A10

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215					IND	ID	IND	ID	IND	ID	IND	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS *1	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	435	440	445	450	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 D/A6 HRS HDTH	607 D/A5 HRS HDTH	615	620 D/A6 HRS HDTH	625 D/A6 HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /											
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD	YY MM DD	YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740	

*1 Use for managerial tenure only.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Rate Criteria	886 – Class Title Variation Code
863 – Intermittent Hours Work Expected	891 – Indeterminate Service Accumulation
869 – Reemployment List Eligibility Date	895 – Academic Days Not Worked
872 – Salary Increase Certification	952 – Case No. and Date of Action
873 – Salary Rate Substantiation, Above Minimum	955 – Multiple Hourly Rate
884 – License – Additional	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. CEA Appointment
4. Decrease in the time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.52: INVOLUNTARY REASSIGNMENT (Revised 05/22)

A11

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205		210		215				351	352	353	354	355	356	357
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740		

*1 Use for managerial tenure only.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Rate Criteria	884 – License – Additional
863 – Intermittent Hours Work Expected	886 – Class Title Variation Code
869 – Reemployment List Eligibility Date	891 – Indeterminate Service Accumulation
872 – Salary Increase Certification	895 – Academic Days Not Worked
873 – Salary Rate Substantiation, Above Minimum	952 – Case No. and Date of Action
876 – Anniversary Date – Second Accelerated	955 – Multiple Hourly Rate
	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Decrease in time base
4. Hiring above minimum and Item 873 is Code 1 or 6
5. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
6. Item 710 computations for daily rate employee
7. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.54: MEDICAL REASONS (Revised 05/22)

A12

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560		565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DEC	MONTHLY DEC.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	706	707	710	711	712	715	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Rate Criteria	886 – Class Title Variation Code
863 – Intermittent Hours Work Expected	891 – Indeterminate Service Accumulation
867 – Limited Term/Anniversary Date Justification	895 – Academic Days Not Worked
871 – Right of Return Designation (REQUIRED)	952 – Case No. and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
884 – License – Additional	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Decrease in time base
4. Hiring above minimum and Item 873 is Code 1 or 6
5. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
6. Item 710 computations for daily rate employee
7. Item 867 when entry is Code 7 or 9
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A13

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		MCR APPROVAL FORM		SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	*1	*1	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
		705	MOS	HOURS	AS OF	710	MM DD YY	715	MM/YY	720	725	726	730	735		

* Refer to PAM page 5.50 if returning employee after S49 or S50 transaction, or when documenting an employee appointed under G.C. 19050.8 on A04 transaction.

*1 Refer to PAM page 2.53.1, Item 415 and page 2.54.1, Item 416, if employee on a Training Assignment (A04).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

886 – Class Title Variation Code

950 – Appointment Reorganization Substantiation (REQUIRED)

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. CEA Appointment
3. Item 710 computations for daily rate employee
4. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.58: ADVERSE DEMOTION (Revised 05/22)

A14

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215	351	352	353	354	355	356	357	358	359	360
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	360	365
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	420	425	430	435	440	445	450	455	460	465
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605	606	607	615	620	625	630	635	636	645	655	660
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710	715	720	725	730	735	740	745	750	755	760	765

If Adverse Demotion is going from one range of deep class to another, enter appropriate range and re-enter class code.

See PAM Section 5 for specific documentation instructions.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria
872 – Salary Increase Certification
874 – Adverse Action & Rejection
 Substantiation (REQUIRED)
884 – License - Additional
886 – Class Title Variation Code

891 – Indeterminate Service Accumulation
895 – Academic Days Not Worked
952 – Case No. and Date of Action
955 – Multiple Hourly Rate
960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
4. Item 710 computations for daily rate employee
5. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
6. Adverse Actions

A20

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND	ID	IND
		205	210	215				351								
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS *1	APPOINTMENT EXPIRATION DATE *1	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	450	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /											
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY	HOURS HDTH			715 MM/YY	720	725	726	730	735	740	

* Refer to PAM page 5.50 if returning employee after S49 or S50 transaction, or when documenting for an employee appointed under G.C. 19058.8 on A04 transaction.

*1 Refer to PAM page 2.53.1, Item 415 and page 2.54.1, Item 416, if employee on a Training Assignment (A04).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	884 – License – Additional
871 – Right of Return Designation	886 – Class Title Variation Code
872 – Salary Increase Certification	891 – Indeterminate Service Accumulation
873 – Salary Rate Substantiation, Above Minimum	895 – Academic Days Not Worked
876 – Anniversary Date - Second Accelerated	952 – Case No. and Date of Action
	955 – Multiple Hourly Rate
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Hiring above minimum and Item 873 is Code 1 or 6
4. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
5. Item 710 computations for daily rate employee

A21

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205		210		215				351	352	353	354	355		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASD ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	530	535	540	545	550	555	560	565	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605	606	607	615	620	625	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	710	715	720	725	730	735	740							

* Refer to PAM page 5.50 if returning employee after S49 or S50 transaction, or when documenting for an employee appointed under G.C. 19058.8 on A04 transaction.

*1 Refer to PAM page 2.53.1, Item 415 and page 2.54.1, Item 416, if employee on a Training Assignment (A04).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	886 – Class Title Variation Code
867 – Limited Term/Anniversary Date Justification	891 – Indeterminate Service Accumulation
871 – Right of Return Designation	892 – Last Day on Pay Status
872 – Salary Increase Certification	895 – Academic Days Not Worked
873 – Salary Rate Substantiation Minimum	952 – Case No. and Date of Action
876 – Anniversary Date - Second Accelerated	955 – Multiple Hourly Rate
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. CEA Appointment
4. Decrease in the time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Item 867 when entry is Code 7 or 9
9. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
10. A21

Section 3.64: *APPOINTMENT BY SPB, CALHR OR COURT ACTION IN LIEU OF APPOINTMENT THROUGH THE CERTIFICATION PROCESS* (Revised 05/22)

A22

- Use for employee returning to State service when 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD ENDING DATE		MCR APPROVAL CODE FORM		DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740		

* See PAM Section 5 for information on documenting Decision of SPB after Appeal.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	884 – License - Additional
863 – Intermittent Hours Work Expected	886 – Class Title Variation Code
872 – Salary Increase Certification	891 – Indeterminate Service Accumulation
873 – Salary Rate Substantiation, Above Minimum	895 – Academic Days Not Worked
876 – Anniversary Date - Second Accelerated (DELETE ONLY)	952 – Case No. and Date of Action
	955 – Multiple Hourly Rate
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. CEA Appointment
4. Decrease in the time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.65: ADDITION POSITION – APPOINTMENT BY SPB, CALHR OR COURT ACTION IN LIEU OF APPOINTMENT THROUGH THE CERTIFICATION PROCESS* (Revised 05/22)

A22

- Use for employee new to 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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
					AGENCY	UNIT	CLASS	SERIAL							
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS					
		205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	
		405	410	415	416	425	426	430	435	440	445	450	*1	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726 730		
		705		MM/DD/YY	710	711	712	713	714	715	716	717	718		

*1 Key a 4 on prompter screen only; leave blank on update screen (refer to PAM Section 10, page 10.11.1, Item 450 for special keying instructions).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

850 – Additional Position Substantiation	884 – License - Additional
851 – Alternate Salary Range Criteria	886 – Class Title Variation Code
853 – Commitment Date	891 – Indeterminate Service Accumulation
863 – Intermittent Hours Work Expected	895 – Academic Days Not Worked
867 – Limited Term/Anniversary Date Justification	952 – Case No. and Date of Action
872 – Salary Increase Certification	955 – Multiple Hourly Rate
873 – Salary Rate Substantiation, Above Minimum	957 – Other Eligibility Substantiation
	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. Hiring above minimum and Item 873 is Code 1 or 6
4. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
5. Item 867 when entry is Code 7 or 9
6. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

Section 3.66: APPOINTMENT BY SPB, CALHR OR COURT ACTION IN LIEU OF APPOINTMENT
THROUGH THE CERTIFICATION PROCESS* (Revised 05/22)

A22

- Use for current employee

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPRB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356	357		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455	456		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/ANAL DED		
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	656		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	706	707	708	709	710	711	712	713	714	715	716	717		

* See PAM Section 5 for information on documenting Decision of SPB after Appeal.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

851 – Alternate Salary Range Criteria	886 – Class Title Variation Code
863 – Intermittent Hours Work Expected	891 – Indeterminate Service Accumulation
871 – Right of Return Designation	892 – Last Day on Pay Status
872 – Salary Increase Certification	895 – Academic Days Not Worked
873 – Salary Rate Substantiation, Above Minimum	952 – Case No. and Date of Action
876 – Anniversary Date - Second Accelerated	955 – Multiple Hourly Rate
884 – License - Additional	960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Alternate salary range other than “A”
2. Bilingual Payment Authorization (Item 351)
3. CEA Appointment
4. Decrease in time base
5. Hiring above minimum and Item 873 is Code 1 or 6
6. Item 330 when entry is “NONE” and discretionary for TAU in lieu of permanent
7. Item 710 computations for daily rate employee
8. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
9. A22 from LEAP Candidate Class

A30

- Use for exempt employee with no previous exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history on data base
or
- 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"/>														
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID												
TO																												
	105		110		111		120 121 122 123				124	126	130	135	140	142												
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																			
TO																												
	205		210		215				351 352 353 354 355 356																			
3	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNU DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE	
TO																												
	306 TOTAL SALARY		310		315		320		325		MM/DD/YY		330		335		340		345		350		355		356			
4	TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM		DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
TO																												
	405		410		415		416		425		426		430		435		440		445		450		455					
5	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/HED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE		EXPIRATION DATE		JOB INCURRED INJURY		DATE	
TO																												
	505		510		515		520		525		530		535		540		545		550		555		560		565			
6	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM		UNIT		SERIAL		SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED.		MONTHLY DED.	
TO																												
	603		605 HH/YY		606 D/A6 HRS HDTH		607 D/A6 HRS HDTH		615		620 D/A6 HRS HDTH		625 D/A6 HRS HDTH		630		635		636		645		655					
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG													
TO																												
	705				710 HH DD YY HH DD YY				715 HH/YY		720		725		726		730		735		740							

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant

891 – Indeterminate Service Accumulation

895 – Academic Days Not Worked

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

A30

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION:	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		310	315	320	325	330	335	340	345	350	355	356	357	358		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455	456		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	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 HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/BIANL DED MONTHLY DED.		
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	656		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	706	707	710	711	712	715	720	725	730	735	740	741		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time (DELETE ONLY)

864 – Legal Reference for Annuitant

876 – Anniversary Date – Second Accelerated

884 – License-- Additional (DELETE ONLY)

886 – Class Title Variation Code (DELETE ONLY)

871 – Right of Return Designation

891 – Indeterminate Service Accumulation

895 – Academic Days Not Worked

955 – Multiple Hourly Rate (DELETE ONLY)

*957 – Other Eligibility Substantiation

960 – Corrected Transaction Identifier

* Item 957 for reinstatement from NDI when benefits are continuing.

Line 10 Remarks and Backup Information

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

1. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A30

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

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	ESTABLISHED EARNINGS				
		205	210	215					351				352			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/MONTHLY DED.		
		603	605 MM/YY	606 D/M HRS HDTH	607 D/M HRS HDTH	615	620 D/M HRS HDTH	625 D/M HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	MOS	HOURS	AS OF	1) / / THRU / /			715 MM/YY	720	725	726	730	735		
						2) / / THRU / /										
						3) / / THRU / /										
						710 MM DD YY MM DD YY HOURS HDTH										

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time
864 – Legal Reference for Annuitant
869 – Reemployment List Eligibility Date
871 – Right of Return Designation
876 – Anniversary Date – Second Accelerated
884 – License – Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
892 – Last Day on Pay Status
895 – Academic Days Not Worked
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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A30

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

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			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
					AGENCY	UNIT	CLASS	SERIAL							
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
								IND	ID	IND	ID	IND	ID	IND	ID
		205	210	215				351					352		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ARRI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	
		306 TOTAL SALARY													
		310	315	320	325	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	SEX	PRIOR STATE SERVICE	
		405	410	415	416	425	426	430			435		440	445	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	
		603	605 HH/VV	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655	
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DO VV HH DO VV	HOURS HDTH	715 HH/VV	720	725	726	730	
		705		HH/DO/VV											

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant

891 – Indeterminate Service Accumulation

895 – Academic Days Not Worked

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

A30

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- Use for exempt additional position when position history is on the data base

USE TURNAROUND PAR

															005 SEQUENCE NUMBER <input type="radio"/> DF <input type="radio"/>	
															010 DOCUMENT PROCESSING NUMBER <input type="radio"/>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ARRI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency.

A31

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

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
					AGENCY	UNIT	CLASS	SERIAL						
		105	110	111	120	121	122	123	124	126	130	135	140	142
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210	215					IND	ID	IND	ID	IND	ID
									351				352	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT DATE	EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX
		405	410	415	416	425	426		430		435			*2
														*3
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED
		603	605 MM/YY	606 D/M HRS HDTH	607 D/M HRS HDTH	615	620 D/M HRS HDTH	625 D/M HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		MOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735
				MM/DD/YY	2) / / THRU / /									
					3) / / THRU / /									
					710 MM DD YY MM DD YY	HOURS HDTH								

*1 Required for additional position only.

*2 Not allowable for additional position.

*3 Conditional if agency code is 003.

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant

891 – Indeterminate Service Accumulation

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

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

1. Appointment of a Judge
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.
4. A31

A31

- Use for returning exempt employee with previous service as exempt or civil service and history is on the data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION:	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306	310	315	320	325	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605	606	607	615	620	625	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	706	707	710	711	712	715	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time (DELETE ONLY)
864 – Legal Reference for Annuitant
871 – Right Of Return Designation
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
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. Appointment of a Judge
2. A31
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A31

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

USE TURNAROUND PAR

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>			
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>			
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS					ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY			
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (MM)	TIME TO BE PAID (DD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	710	715	720	725	730	735	740							

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time
864 – Legal Reference For Annuitant
869 – Reemployment List Eligibility Date
871 – Right of Return Designation
884 – License – Additional (DELETE ONLY)
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. Appointment of a Judge
2. Item 710 computations for daily rate employee
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency
4. A31

A31

- Use for exempt employee with NO previous service as exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history is on the data base
or
- Use for exempt additional position when position is new to data base (See *2, *4 and *6)

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
									AGENCY UNIT CLASS SERIAL									
			105	110	111	120 121 122 123				124	125	126	130		*4	*283	142	
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
											IND	ID	IND	ID	IND	ID	IND	ID
			205	210	215				351									
3	TO		305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
																	*2	
			306	310	315	320	325		MM/DD/YY	330	335	340	345	350	355	356		
4	TO		TIME BASE		APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
																*2	*6	
			405	410	415	416	425		426	430	435		440	445	450	455		
5	TO		ACCOUNT CODE		SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
			505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO		REASON FOR SEPARATION		PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
					*5	*5					(S) (V)							
			603	605	606	606	607	615	620	625	630	635	640	645	655			
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
			705	710	715	720	725	730	735	740								

*1 Refer to PAM Section 5 for documentation of an Immediate Pay Appointment.

*2 Not allowable for additional position.

*3 Conditional if agency code is 003.

*4 Required for additional position only.

*5 Time to be paid can be requested for a maximum of three pay periods. Refer to Items 605 and 606 for instructions.

*6 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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

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. Appointment of a Judge
2. Certain deductions or payments to be made from employee's final pay
(see PAM page 2.151)
3. Returning employee (no history on data base) when previous service was exempt only.
4. Returning employee (no history on data base) when previous service was non-posted emergency only
5. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency
6. A31

A31

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	ID		
		205	210	215					351				352			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	*2	*2			(S) (V)									
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		NOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	705	710	715	720	725	726	730	735	740

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
884 – License – Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. Appointment of a Judge
2. Certain deductions or payments to be made from employee's final pay
(see PAM page 2.151)
3. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency
4. A31

Section 3.78: SPB EXEMPT OR DOM STATE ACTIVE DUTY EMPLOYEES (Revised 05/22)

A32

- Use for exempt employee with no previous service as exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history is on the data base
or
- 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"/>					
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID	
					AGENCY	UNIT	CLASS	SERIAL							
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT DATE	EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DISABILITY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION DATE	EXPIRATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HRS	AS OF	710 HH DD YY HH DD YY	715 MM/YY	720	725	726	730	735	740			

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
873 – Salary Rate Substantiation, Above Minimum
890 – Employment During Leave of Absence Clearance
891 – Indeterminate Service Accumulation
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
3. SPB Exempt employee returning after leave of absence
4. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A32

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		HCR APPROVAL CODE		FORM	DATE	SEX		
		405	410	415	416	425	426	430	435	440	445	450	455	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FDX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /			715 MM/YY	720	725	726	730	735	740		
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY HOURS HDTH											

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time (DELETE ONLY)
864 – Legal Reference for Annuitant
871 – Right of Return Designation
873 – Salary Rate Substantiation, Above Minimum
876 – Anniversary Date - Second Accelerated
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
890 – Employment During Leave of Absence Clearance
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
*957 – Other Eligibility Substantiation
960 – Corrected Transaction Identifier

* Item 957 for reinstatement from NDI when benefits are continuing.

Line 10 Remarks and Backup Information

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

1. SPB Exempt employee returning after leave of absence
2. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A32

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

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	125	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	352	353	354	355	356	357	358	359	360	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time
869 – Reemployment List Eligibility Date
871 – Right of Return Designation
873 – Salary Rate Substantiation, Above Minimum
876 – Anniversary Date - Second Accelerated
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code
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. SPB Exempt employee returning after leave of absence
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A32

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

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
					AGENCY	UNIT	CLASS	SERIAL							
		105	110	111	120	121	122	123	124	126	130	*2 135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
								IND	ID	IND	ID	IND	ID	IND	ID
		205	210	215				351					352		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY													
			310	315	320	325	MM/DD/YY		330	335	340	345	350	355	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430		435			440	445	*4 450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	DATE	
												TYPE	EXPIRATION DATE	CODE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED
		603	605 MM/YY	606 DAE HRS HDTH	607 DAE HRS HDTH	615	620 DAE HRS HDTH	625 DAE HRS HDTH	630	635	636	645		655	
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /								
		705		MM/DD/YY	710 MM DD YY	711 MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740	

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
873 – Salary Rate Substantiation, Above Minimum
890 – Employment During Leave of Absence Clearance
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
4. SPB Exempt employee returning after leave of absence
5. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency

A32

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	125	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND		
		205	210	215					351							
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430		435			440	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	560		565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IHMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED. MONTHLY DED.		
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	NOS	HOURS	AS OF	1) / / THRU / /			715 HH/YY	720	725	726	730	735		
						2) / / THRU / /										
						3) / / THRU / /										
						710 HH DD YY HH DD YY HOURS HDTH										

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
873 – Salary Rate Substantiation, Above Minimum
876 – Anniversary Date - Second Accelerated
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
890 – Employment During Leave of Absence Clearance
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. SPB Exempt employee returning after leave of absence
3. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency

A33

- Use for exempt employee with NO previous service as exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history is on the data base
or
- 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"/>					
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
							AGENCY	UNIT	CLASS	SERIAL					
		105	110		111		120	121	122	123	124	125	130	135	140
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS							
								IND	ID	IND	ID	IND	ID	IND	ID
		205	210		215			351						352	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
	306 TOTAL SALARY		310	315	320			325	MM/DD/YY	330	335	340	345	350	355
		305	310	315	320			325	MM/DD/YY	330	335	340	345	350	355
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT DATE	EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX
		405	410	415	416	425	426	430			435			440	445
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE		EXPIRATION DATE	JOB INCURRED INJURY	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	565
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 HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/ANNUAL DED	MONTHLY DED.
		603	605 MM/YY	606 D/MG HRS HDTH	607 DAS HRS HDTH	615	620 D/MG HRS HDTH	625 D/MG HRS HDTH	630	635	636	645		655	
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
	MOS	HOURS	AS OF												
		705		MM/DD/YY					715 MM/YY	720	725	726	730	735	740

*1 Required for additional position only.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant

891 – Indeterminate Service Accumulation

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

A33

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	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 HRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 D66 HRS	607 D66 HRS	615	620 D66 HRS	625 D66 HRS	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	HOURS	AS OF	710 MM DD YY	715 MM/YY	720	725	726	730	735	740				

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time (DELETE ONLY)
864 – Legal Reference for Annuitant
884 – License – Additional (DELETE ONLY)
871 – Right of Return Designation
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A33

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

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		310	315	320	325	330	335	340	345	350	355	360	365	370		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	420	425	430	435	440	445	450	455	460	465		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	570	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655	665	670	
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	710	715	720	725	730	735	740	745	750	755	760	765		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

857 – Emergency Qualifying Time
869 – Reemployment List Eligibility Date
871 – Right of Return Designation
884 – License - Additional (DELETE ONLY)
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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A33

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

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
					AGENCY	UNIT	CLASS	SERIAL							
		105	110	111	120	121	122	123	124	126	130	*2 135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND	
		205	210	215	351										
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	*4 455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY		
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 D/A6 HRS HDTH	607 D/A6 HRS HDTH	615	620 D/A6 HRS HDTH	625 D/A6 HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

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

A33

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210	215	216	217	218	219	220	221	222	223	224	225			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #			
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356	357			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE			
		405	410	415	416	425	426	430	435	440	445	450	455	456			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE			
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED			
		603	605 HH/YY	606 DAE HRS	607 DAE HRS	615	620 DAE HRS	625 DAE HRS	630	635	636	645	655	656			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		705	710 HH/YY	711 HH/YY	712 HH/YY	713 HH/YY	714 HH/YY	715 HH/YY	720	725	726	730	735	740			

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency

Section 3.87.2: IMMEDIATE PAY APPOINTMENT*1 – CA INSTITUTE FOR REGENERATIVE MEDICINE
CITIZENS REDISTRICTING COMMISSION (Revised 05/22)

A34

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
		205	210	215			IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430			435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	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 HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /			715 MM/YY	720	725	726	730	735	740		
				MM/DD/YY	710 MM DD YY MM DD YY	HOURS HDTH										

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

864 – Legal Reference for Annuitant
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency

A34

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

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				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID												
									AGENCY UNIT CLASS SERIAL				<input type="text"/>	<input type="text"/>	<input type="text"/>	*2 <input type="text"/>	<input type="text"/>	<input type="text"/>												
		105		110		111		120		121		122		123		124		126		130		135		140		142				
2	TO		TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																			
											IND ID IND ID IND ID IND ID IND ID IND ID																			
		205		210		215		351		352		353		354		355		356		357		358		359						
3	TO		305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNU DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WVG		PAY LETTER #		PAY LETTER EXPIRATION DATE	
			306 TOTAL SALARY		310		315		320		325		330		335		340		345		350		355		356		357		358	
4	TO		TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
			405		410		415		416		425		426		430		435		440		445		450		455		460		465	
5	TO		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE	
			505		510		515		520		525		530		535		540		545		550		555		560		565		570	
6	TO		REASON FOR SEPARATION		PAY PERIOD *3		TIME TO BE PAID (NEW) *3		TIME TO BE PAID (OLD)		PAY IMHED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.	
			603		605 MM/YY		606 DAS HRS HDTH		607 DAS HRS HDTH		615		620 DAS HRS HDTH		625 DAS HRS HDTH		630		635		636		645		655		660		665	
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																	
			705		710 MM DD YY MM DD YY HOURS HDTH		715 MM/YY		720		725		730		735		740		745		750		755		760		765		770	

*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.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

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

A34

- Use for exempt employee with NO previous exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history is on the data base
or
- 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"/>																				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID				
TO							AGENCY UNIT CLASS SERIAL							*1						
	105	110	111	120	121	122	123	124	126	130	135	140	142							
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
TO									IND ID IND ID IND ID IND ID											
	205	210	215	351	352															
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
TO	306 TOTAL SALARY		310	315	320	325	NH/DD/YY	330	335	340	345	350	355	356						
	405	410	415	416	425	426	430	435	440	445	450	455								
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE				
TO															*2					
	405	410	415	416	425	426	430	435	440	445	450	455								
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE						
TO																				
	505	510	515	520	525	530	535	540	545	550	555	560	565							
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.				
TO								(S) (V)												
	603	605 NH/YY	606 D/M	HRS	HDTH	607 D/M	HRS	HDTH	615	620 D/M	HRS	HDTH	625 D/M	HRS	HDTH	630	635	636	645	655
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG										
TO																				
	705	HOURS	AS OF	710 NH DD YY MM DD YY HOURS HDTH				715 NH/YY	720	725	726	730	735	740						

*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).

Symbol	Meaning
=	Required – MUST be completed
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●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

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

A34

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

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	CB ID	COUNTY CODE	OTHER POSITION!	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215					351	352	353	354	355	356		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 HH/VV	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DD VV HH DD VV	HOURS HDTH	715 HH/VV	720	725	726	730	735 740	

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A34

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	ID		
		205	210	215				351								
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		
		405	410	415	416	425	426	430			435			440		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION DATE	EXPIRATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /											
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725		726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

Line 10 Remarks and Backup Information

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

1. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A35

- Use for exempt employee with NO previous exempt or civil service
or
- Use for returning exempt employee with previous exempt or civil service and NO history is on the data base
or
- 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"/>		
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
TO																
	105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	ESTABLISHED EARNINGS			
TO																
	205	210	215	351	352	353	354	355	356	357	358	359	360	361	362	363
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
TO																
	306	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE	
TO																
	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	EXPIRATION DATE	JOB INCURRED INJURY	DATE		
TO																
	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
TO																
	603	605	606	607	615	620	625	630	635	636	645	655	665	675	685	
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
TO																
	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	

*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).

Symbol	Meaning
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●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

876 – Anniversary Date - Second Accelerated

891 – Indeterminate Service Accumulation

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
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A35

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID	COUNTY CODE	OTHER POSITION:	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #			
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX			
		405	410	415	416	425	426	430	435	440	445	450	455	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE			
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAG HRS HDTH	607 DAS HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DD YY HH DD YY	715 MM/YY	720	725	726	730			

Symbol	Meaning
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Lines 8 – 9 Items:

857 – Emergency Qualifying Time (DELETE ONLY)
871 – Right of Return Designation
876 - Anniversary Date - Second Accelerated
884 - License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A35

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

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	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
		105	110	111	120	121	122	123	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215					351	352	353	354	355	356	
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WVG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	MOS	HOURS	AS OF	1) / / THRU / /			715 MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
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Lines 8 – 9 Items:

857 – Emergency Qualifying Time
869 – Reemployment List Eligibility Date
871 – Right of Return Designation
876 - Anniversary Date - Second Accelerated
884 – License – Additional (DELETE ONLY)
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. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

A35

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

USE PADDED PAR

														005 SEQUENCE NUMBER <u>0</u> OF <u>0</u>						
														010 DOCUMENT PROCESSING NUMBER <u>0</u>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID				
TO							AGENCY UNIT CLASS SERIAL							*2						
	105	110	111	120	121	122	123	124	126	130	135	140	142							
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
TO									IND ID IND ID IND ID IND ID IND ID IND ID											
	205	210	215	351	352	353	354	355	356	357	358	359	360	361	362	363				
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
TO																				
	306	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385			
4	TIME BASE		APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
TO																	*4			
	405	410	415	416	425	426	430	435	440	445	450	455	460	465	470	475	480	485		
5	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY		
TO																	TYPE	EXPIRATION DATE	CODE	DATE
	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	
6	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM		SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED	
TO																				
	603	605	606	607	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
TO																				
	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800

*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).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

876 – Anniversary Date - Second Accelerated

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

A35

- Use for returning exempt employee with previous service as exempt or civil service and history is on data base
or
- 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	CB ID *2	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPES CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD *3	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	NOS	HOURS	AS OF	710	711	712	713	714	715	716	717			

*1 Refer to PAM Section 5 for documentation of an Immediate Pay Appointment.

*2 Not allowable for additional position.

*3 Time to be paid can be requested for a maximum of three pay periods. Refer to Items 605 and 606 for instructions.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items:

876 – Anniversary Date - Second Accelerated
884 – License - Additional (DELETE ONLY)
886 – Class Title Variation Code (DELETE ONLY)
891 – Indeterminate Service Accumulation
955 – Multiple Hourly Rate (DELETE ONLY)
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. Transactions requiring "Concurring Appointing Power Signature" when keyed by a decentralized agency