

**OFFICE OF THE STATE CONTROLLER  
PERSONNEL/ PAYROLL SERVICES DIVISION**

**MISCELLANEOUS DEDUCTIONS**

**PAYROLL INPUT FILE  
650 TRANSACTION**



PPSD  
REV: November 2020

# 650 TRANSACTION INPUT FILE VIA FTP

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## **I. GENERAL REQUIREMENTS**

A. Following are the guidelines for processing 650 input transactions files and for obtaining authorization to submit files through the Uniform State Payroll System maintained by the State Controller's Office (SCO).

1. All files submitted must comply with the formats and requirements outlined in this package.
2. 650 Transaction records can only be processed with the current month pay period. Example: A file submitted in March, 2016 must have '036' in the pay period or the transaction will reject.
3. Transaction files must be sent in ASCII format. The State Controller's Office cannot process binary files.
4. All files must have a 200 record length with a 10 day expiration date.
5. To initiate the process, provide a completed File Specification Form to Personnel and Payroll System Support 3 (PPSSU3) at least *two months prior* to the date actual transaction files are to be submitted (see Sections II through V for requirements).
6. All documentation must be signed or cosigned by an *authorized* representative of your Organization.
7. Authorization to process actual transaction files cannot be granted until all test files process correctly.
8. If your organization develops a new system or modifications are made from which payroll transaction files will be generated, you must test the transaction again.
9. Route all correspondence to:  
  
**State Controller's Office**  
Personnel/Payroll Services Division (PPSD)  
P.O. Box 942850  
Sacramento, CA. 94250-5878  
**Attention: PPSSU3**
10. Notify PPSSU3 staff *in writing* of any changes to the file generation process or the information provided on the File Specification Form.
11. Notify PPSSU3 staff *in writing* should you wish to terminate the input file process.
12. Once the process has been established and authorization has been granted for a particular transaction, files may be submitted on a regular basis.

## II. **FILE SPECIFICATION FORM**

### A. **Requirements**

1. The File Specification Form details the characteristics of the file and initiates the agreement between your organization and the State Controller's Office.
2. Listed below are the guidelines for completing the form (see sample form, page 4).
  - a) Review all items on the form.
  - b) SCO staff will complete the assigned Batch Number (Item 4), once your process has been established.
  - c) Complete all remaining items on the form.
  - d) The form must be signed by an *authorized* representative of your organization.  
*This signature must be on file with the Deduction Program Coordinator.*
3. Return the completed form to PPSSU3 at least two months prior to the date before test files are to be submitted.

State Controller's Office  
Personnel Payroll Services Division  
P.O. Box 942850  
Sacramento, CA 94250-5878  
**Attention: PPSSU3**

4. Your organization should retain a copy of the completed File Specification Form along with this transaction instruction booklet for future reference.
5. A blank File Specification Form is included for your use in Appendix I.

PERSONNEL/PAYROLL SERVICES DIVISION  
MISCELLANEOUS DEDUCTION INPUT  
FILE SPECIFICATION FORM

Sample Form

TO: State Controller's Office  
Personnel Payroll Services Division  
P. O. Box 942850  
Sacramento, Ca. 94250-5878  
**Attention: PPSSU3**

RE: **MISCELLANEOUS DEDUCTION TRANSACTION INPUT VIA FILE TRANSFER**

1. We hereby request the State Controller's Office to accept and process files containing payroll deductions for input into the Uniform State Payroll System via File Transfer Protocol (FTP). If we are sending 650 deductions, these are the deduction/organization codes we are authorized to send:

DED/ORG 033/011 DED/ORG \_\_\_\_\_ DED/ORG \_\_\_\_\_

2. Files to be accessed via electronic file transfer (FTP) is for Payroll Deductions (TRN650). We hereby request the State Controller's Office to allow us access to the following datasets:

**PD.PAYROL.FTP.OCU.PDC9350.\*.ERROR – Error report we will provide you**  
**PD.PAYROL.FTP.OCU.TRN650.\*.PR1300 – Altered file you will send us**

3. The agency will provide a completed transmittal form to the State Controller's Office for each file submitted to certify the miscellaneous deductions.
4. Agency anticipates processing input files on a production basis beginning 08/2019.  
*This request must be received in our office at least 2 months prior to the above reporting period.*
5. The following representative(s) from the agency to whom the State Controller's Office can direct inquiries in the event problems are encountered and who will be performing the actual file transfers are:

Name (First MI Last) Mary Gray Telephone: (999) 555-4774

Email Address: mgray@ocu.ca.mnn Current SCO User ID: N/A  
*(if applicable)*

Name (First MI Last) Christy Yang Telephone: (999) 555-7889

Email Address: cyang@ocu.ca.mnn Current SCO User ID: PYCX Y  
*(if applicable)*

**Note:** *It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.*



### III. FILE TRANSMITTAL FORM

The File Transmittal Form email is used to notify State Controller's Office (SCO) when there is a transaction file to be processed. A completed form via email must be submitted for each file you want to process through the Payroll System.

*PPSSU3 staff will provide each organization with a customized transmittal email once the FTP process for the deduction has been established for the organization.*

#### A. Requirements

Use the appropriate transmittal form for the transaction file being submitted to the State Controller's Office for processing through the Payroll system.

1. The email process enables departments to submit transaction files for processing through the Payroll system by sending the Transmittal Form email with the file information to SCO.
2. All transaction files must comply with the record formats and overall requirements outlined in Section VI for submitting Payroll deduction files.
3. The File Transmittal email is used to certify the deductions. Organizations will keep the supporting document.
4. Transaction files may be submitted to SCO no later than the 15<sup>th</sup> of each month, unless this falls on a weekend or holiday then submit the following work day.
5. Transaction files may not be submitted on No-Cycle Days or on the Master Payroll cut-off cycle. Files submitted on No-Cycle days or on Master Payroll cutoff will not be processed and will not be held for future cycles.

Note: You can find out when our cycle days are by using this link: [www.sco.ca.gov/ppsd\\_decentcal.html](http://www.sco.ca.gov/ppsd_decentcal.html) go down to Civil Service and click the pay period.

6. Transaction files must be transmitted to SCO by **12:00 NOON** in order to be processed through that night's payroll cycle. If that day is not a payroll cycle day then that file will not be processed.
7. Questions regarding the submission of transaction files should be directed to SCO's FTP Coordinator at 916-324-7268. Questions regarding a specific transaction should be directed to the Miscellaneous Deduction Unit at 916-372-7200

Note: Do not contact SCO Production Data Guidance regarding processing the transaction files or to request an extension on the required time for submitting files. Authorization to accept or process files through the payroll system can only be provided by SCO's FTP Coordinator.

8. A completed Transmittal email must be sent to SCO by 12:00 P.M. in order to be processed through that night's payroll cycle. The email notifies SCO staff that an FTP file has been uploaded. Send the email to the following:

[PPSDFTPReporting@sco.ca.gov](mailto:PPSDFTPReporting@sco.ca.gov)

## B. File Transmittal Form

Complete the File Transmittal Form as follows:

1. **From** – Enter the name of your Department.
2. **Contact** – Enter the name of the person to be called for any questions or problems that may arise in processing the file.
3. **Phone** – Enter the phone number of the contact person.
4. **Batch Number** – The assigned Batch Number is already entered.
5. **Pay Period** – Enter the pay period deduction is effective.
6. **Record Count** – Enter the total number of records on the file, including the batch control record.
7. **File Name** – SCO staff assigns a permanent file name to this transaction. The file date must be completed. Enter the (MMDDYY) of the file following the 'D' in the file name.  
**Note: *the date entered must be the date the file is sent; otherwise it will not process through the Controller's system.***
8. **Authorized Signature** – A person authorized to sign/certify payroll deduction documents must sign the transmittal form.
9. **Date** – Enter the current date

## C. Payroll Processing

1. Upon receipt of the **Transmittal email notification.** SCO will check the file and respond back to the email if the file will be processed. The file will be subsequently processed through the nightly Payroll cycle.

***Note: Payroll Operations will not reprocess transactions that reject or suspend in the Payroll cycle.***

SAMPLE TRANSMITTAL EMAIL

Send	From ▾	SKelly@sco.ca.gov
	To...	<input type="checkbox"/> PPSD FTP Reporting
	Cc...	
	Bcc...	
Subject		Office of the State - Batch 84222

RE: **650 Input File (Deduction Code 033 Organization Code 011)**

CONTACT: Mary Gray Phone: 999-555-4777

Batch No. : 84222  
Pay Period : 04/2020  
Record Count: 112

File Name : **PD.PAYROLL.FTP.OCS.TRN650.040920A.PR1300**

I certify the State Controller's Office is authorized to access this file.

I hereby certify under penalty of perjury that the Payroll deduction data stated herein is correct, complete, and in accordance with all laws and regulations.

*Mary Gray* \_\_\_\_\_ 04/09/2020

Mary Gray  
Transaction Manager  
Office of the State



#### IV. TEST PROCESS

- A. The State Controller's Office requires agencies to provide test files and materials to verify compliance with SCO guidelines. SCO performs two separate tests.
- B. Authorization to process actual transaction files cannot be granted until the test files process successfully.
- C. To initiate testing, provide the completed File Specification email to PPSU3. A sample is on page 8.
- D. PPSU3 will test with a department at least one month prior to the effective month actual transaction files are targeted to be submitted.
  - 1. Level 1 Testing verifies the transaction meets the required format and passes the system edits. ***The record length needs to be 200 with a 10 day expiration date.*** The file needs to be in ASCII format as binary files cannot be processed. The Test file:
    - a. Should contain at least 5 and no more than 10 records.
    - b. Must include a Batch Control Record and Detail Records that comply with the formats in Section VI.
    - c. Must have the Batch Control Record as the first record on the file.
    - d. Must have assigned Batch Number in position 76 – 80 of the Batch Control Record.
    - e. Should have values in the Detail Record that are appropriate for the transaction. (Refer to the Benefits Manual for guidelines.)
    - f. The File Transmittal Form email must be completed and sent to [ppsdftpreporting@sco.ca.gov](mailto:ppsdftpreporting@sco.ca.gov) per the instructions in Section III.

SCO staff will perform the first test upon receipt of the test material. If the test is unsuccessful, you will be notified of the errors so a corrected file may be submitted. If the test file processes successfully, you will be notified so you can submit a mini file of actual deduction transactions.

2. Level 2 Testing processes a small number of actual transactions through the Payroll system to verify the record passes the data audits and successfully establishes a deduction. The mini test materials requirements are:
  - a. Must contain actual transactions from which deduction will be established.
  - b. Must have at least 5 but not more than 10 transactions on the file.
  - c. Must have the Batch Control Record as the first record on the file.
  - d. Must have a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
  - e. Should have values in the Detail Record that are appropriate for the transaction. (Refer to the Benefits Manual for guidelines.)  
The File Transmittal Form email must be completed and sent to [ppsdfpreporting@sco.ca.gov](mailto:ppsdfpreporting@sco.ca.gov) per the instructions in Section III.

SCO staff will perform the live test through the next daily Payroll cycle upon receipt of the test materials. If the test is unsuccessful, you will be notified of the errors so a corrected file may be submitted. If the test file processes successfully, you will be notified in writing to begin submitting actual transaction files.

## **V. RECORD FORMATS**

**&**

## **FILE DEFINITIONS**

# DEDUCTION INPUT FILE

Program Originating Format (Number, File Code, and Name)

06/96

C. WISE

09/91

P. WILSON

File Name: BATCH CONTROL

Format Title: 650 TRANSACTION INPUT

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50		
'000'			NUMBER OF TRANS				FILLER																																												
9(3)			9(4)				X(68)																																												

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																		
FILLER (CONT'D)																									BATCH NUMBER					FILLER																																																																					
																									9(5)					X(120)																																																																					

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	150																																																																																																				
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51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	200																																																																																																																																																						
FILLER (CONT'D)																																																																																																																																																																																																							

FORMAT DESCRIPTION

Labels:  Standard  
 Non-Standard  
 No Labels

Record Format:  Fixed - F  
 Variable - V  
 Undefined -U 12

Record Length: 200  
Records Per Block: 10  
Blocksize: 2000

Input  
 Output  
Page 1 of 1

**BATCH CONTROL RECORD  
DESCRIPTION**

Following are the entries required for the Batch Control record for Deduction Input File:

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>PICTURE</b>	<b>DESCRIPTION</b>
1 - 3	Transaction Code	3	9(3)	Enter '000'.
4 - 7	Number of Transactions	4	9(4)	Enter the count of the total number of detail transactions. Entire field must be completed with preceding zero(s). <i>Example: A total count of 50 must be entered as 0050.</i>
8 - 75	Filler	68	X(68)	Leave blank.
76 - 80	Batch Number	5	9(5)	Enter assigned Batch Number.
81 - 200	Filler	120	X(120)	Leave blank.

**DEDUCTION INPUT FILE**

**Program Originating Format (Number, File Code, and Name)**

04/96      C. WISE  
 09/91      P. WILSON  
 \_\_\_\_\_  
 \_\_\_\_\_

File Name: PAYROLL TRANSACTION      Format Title: 650 TRANS DETAIL RECORD

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
TRANS CODE '650'	SOCIAL SECURITY NUMBER											FIRST INIT.	MIDDLE INT.	SURNAME	DEDUCTION CODE	ORGANIZATION CODE	DEDUCTION AMOUNT					DED TYPE	FILLER	PAY PER		FILLER																							
9(3)	9(9)											X	X	X(3)	9(3)	9(3)	9(5)V99					9	X	9(2)		9	X(19)																						

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
FILLER CONT	EMPLOYEE'S SURNAME															FILLER																																		
	X(15)															X(131)																																		

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	150																																																																																																				
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51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	200																																																																																																																																																						
FILLER CON'T																																																																																																																																																																																																							

**FORMAT DESCRIPTION**

Labels:     Standard  
            Non-Standard  
            No Labels

Record Format:     Fixed - F  
                       Variable - V  
                       Undefined -U    14

Record Length:      200  
 Records Per Block: 10  
 Blocksize:          2000

Input  
           | | Output  
 Page    1 of 1

**650 DETAIL RECORD  
DESCRIPTION**

Following are the transaction entries required to add, delete or change ongoing deductions.

650 Fixed Transaction:

Type of Change: 1 (*Add*), 2 (*Delete*) or 3 (*Change*)

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 3	Transaction Code	3	9(3)	Enter ' <b>650</b> '.
4 - 12	Social Security Number	9	9(9)	Enter employee's SSN.
13	First Initial	1	X	Enter employee's first initial of the first name.
14	Middle Initial	1	X	Enter employee's middle initial or leave blank.
15 - 17	Surname	3	X(3)	Enter first 3 letters of the surname. If surname has a space, hyphen or any special characters within first 3 letters, compact the name. <i>Example: 'O'Neal' must be entered as 'ONE'.</i>
18 - 20	Deduction Code	3	9(3)	Enter the appropriate deduction code.
21 - 23	Organization Code	3	9(3)	Enter the appropriate organization code, if applicable. If not, leave blank.
24 - 30	Deduction Amount	7	9(5)V99	Enter the amount to be deducted in dollars and cents format with leading zeros. <i>Example: \$25.35' must be entered as '0002335'.</i>

**Note:** Leave Blank if Type of Change Code = '2' in Location 31.

**650 DETAIL RECORD  
DESCRIPTION**

Following are the transaction entries required to add, delete or change ongoing deductions.

650 Fixed Transaction:

Type of Change: 1(*Add*), 2 (*Delete*) or 3 (*Change*)

<b>LOCATION</b>	<b>FIELD</b>	<b>LENGTH</b>	<b>PICTURE</b>	<b>DESCRIPTION</b>
31	Deduction Type	1	9	Enter 1 (New), 2 (Delete), or 3 (Change).
32	Filler	1	X	Leave blank.
33 – 35	Effective Pay Period	3	9(3)	Enter the Month and Year (MMY) of the payment to which the deduction should be applied. <i>Example: January=01, February=02, 1980=0, 1981=1.</i>
36 – 54	Filler	19	X(19)	Leave blank.
55 – 69	Employee's Surname	15	X(15)	Enter the employee's surname.
70 – 200	Filler	131	X(131)	Leave blank.

**STATE CONTROLLER'S OFFICE  
PERSONNEL/PAYROLL SERVICES DIVISION**

**VI**

**APPENDIX I**

**BLANK FORM**

PERSONNEL/PAYROLL SERVICES DIVISION  
MISCELLANEOUS DEDUCTION INPUT  
FILE SPECIFICATION FORM

TO: State Controller's Office  
Personnel Payroll Services Division  
P. O. Box 942850  
Sacramento, Ca. 94250-5878  
**Attention: PPSSU3**

RE: MISCELLANEOUS DEDUCTION TRANSACTION INPUT VIA FILE TRANSFER

1. We hereby request the State Controller's Office to accept and process files containing payroll deductions for input into the Uniform State Payroll System via File Transfer Protocol (FTP). If we are sending 650 deductions, these are the deduction/organization codes we are authorized to send:

DED/ORG \_\_\_\_\_ DED/ORG \_\_\_\_\_ DED/ORG \_\_\_\_\_

2. Files to be accessed via electronic file transfer (FTP) is for Payroll Deductions (TRN650). We hereby request the State Controller's Office to allow us access to the following datasets:

**PD.PAYROL.FTP. \_\_\_\_\_ .PDC9350.\*.ERROR – Error report we will provide you**  
**PD.PAYROL.FTP. \_\_\_\_\_ .TRN650.\*.PR1300 – Altered file you will send us**

3. The agency will provide a completed transmittal form to the State Controller's Office for each file submitted to certify the miscellaneous deductions.
4. Agency anticipates processing input files on a production basis beginning \_\_\_\_\_.  
*This request must be received in our office at least 2 months prior to the above reporting period.*
5. The following representative(s) from the agency to whom the State Controller's Office can direct inquiries in the event problems are encountered and who will be performing the actual file transfers are:

Name (First MI Last) \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_ Current SCO User ID: \_\_\_\_\_  
*(if applicable)*

Name (First MI Last) \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_ Current SCO User ID: \_\_\_\_\_  
*(if applicable)*

Name (First MI Last) \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_ Current SCO User ID: \_\_\_\_\_  
*(if applicable)*

**Note:** *It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.*

6. We understand that the user id issued to the staff above are to be kept confidential and not to be shared. The user id is connected to confidential information that will be handled accordingly.

7. Mailing address:

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8. We agree to notify the State Controller's Office *in writing* of any change made to this agreement or should we desire to terminate this agreement.

9. We agree to indemnify, defend and save harmless the State, its officers, agents and employee's from any and all claims and losses that may result from reporting of payroll deduction information.

10. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the SCO secure server. The undersigned signature is a person authorized to sign payroll deduction authorizations and constitutes validation of the requesting source.

---

*Agency Name*

---

*Name of Authorized Representative (Please Print)*

---

*Phone*

---

*Signature of Authorized Representative*

---

*Title*

---

*Date*