

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

CIVIL SERVICE OVERTIME 673

DEPARTMENT FILE



PPSD
REV: November 2020

PAYROLL TRANSACTION INPUT FILE

673 OVERTIME

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I. General Requirements

- A. Following are the guidelines for obtaining authorization to submit input transaction 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. Separate files must be established for each transaction type to be processed due to the variable requirements for payroll transactions in the Payroll System.
 3. To initiate the process, provide a completed File Specification Form to Personnel and Payroll System Support Unit 3 (PPSSU3) at least *one month prior* to the date actual transaction files are to be submitted (see Sections II & III for requirements).
 4. All documentation must be signed by an *authorized* representative of your Personnel Office (i.e., Personnel Officer, Transactions Manager, etc.).
 5. Authorization to process actual transaction files cannot be granted until all test files process correctly.
 6. If your department develops a new system from which payroll transaction files will be generated, you must test the transaction again. For example, if changing from one Human Resources system to another, new test files must be submitted to SCO for any transactions that will be generated by the new system.
 7. Route all correspondence to:

State Controller's Office
Personnel/Payroll Services Division (PPSD)
P. O. Box 942850
Sacramento, CA. 94250-5878
Attention: PPSSU3
 8. Notify PPSSU3 *in writing* of any changes to the file generation process or the information on the File Specification Form.
 9. Notify PPSSU3 *in writing* should you wish to terminate the input file process.
 10. Once the process has been established and authorization has been granted for a particular transaction, files may be submitted on a regular basis.
 11. Only transaction records for **original payments** may be submitted on the file. *No adjustments to pay may be submitted on this file.*

II. FILE SPECIFICATION FORM

A. Requirements

1. The File Specification Form details the characteristics of the file and initiates the agreement between your department and the State Controller's Office.
2. Listed below are the guidelines for completing the form (see sample form).
 - a. Review and complete all items on the form.
 - b. The form must be signed by an *authorized* representative of your Human Resource Office (i.e., Personnel Officer, Transactions Manager, etc.).
3. Return the completed form to PPSSU3 at least *one month prior* to the date actual transaction 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 department 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.

STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
OVERTIME FILE SPECIFICATION FORM

SAMPLE

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

RE: **PAYROLL TRANSACTION INPUT FOR 673 OVERTIME PAYMENTS VIA FTP FILE**

1. We hereby request the State Controller's Office to accept and process files containing overtime payments for input into the Uniform State Payroll System via FTP

2. The file characteristics are:

Transaction Code: **673 Overtime**
Record Length: **200**

3. The Department anticipates submitting input files beginning the month and year of:
03/2018

4. Files to be accessed via electronic file transfer (FTP). We hereby request the State Controller's Office to allow us access to the following datasets:

PD.PAYROLL.FTP.XXX.TRN673.Dmmddy*.PR1300

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) Bea R. Guest Telephone: (555)016-4949

Email Address: brguest@office.ca.gov Current SCO User ID: PYBRG
(if applicable)

Name (First MI Last) Sue Z. Que Telephone: (555)033-4522

Email Address: szque@office.ca.gov Current SCO User ID: N/A
(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:

Office of the State
123 Front Street
Ocean Beach, CA 92222

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

9. We agree to notify the State Controller's Office *in writing* should we desire to terminate this agreement.

10. We agree to indemnify, defend and save harmless the State Controller's Office and its officers, agents and employee's from any and all claims and losses that may result from reporting payments via FTP.

11. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the State Controller's Payroll System. The undersigned signature is a person authorized to sign payroll documents authorizations and constitutes validation of the requesting source.

Office of the State
Agency Name

Harvey Davidson
Name of Authorized Representative (Please Print)

Harvey Davidson
Signature of Authorized Representative

01/03/2018
Date

555-016-4856
Phone

Personnel Officer
Title

III. 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 Form to PPSSU3. A blank form is provided in Appendix I. Refer to Section II for completion instructions.
- D. SCO staff 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 a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
 - e. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
 - f. The File Transmittal email must be completed and sent per the instructions in Section IV. This email should be sent to the SCO staff performing the test.

SCO staff will perform the first test upon receipt of the File Transmittal email. 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 to submit a mini file of actual data 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 generates a warrant. The mini test materials requirements are:
 - a. Must contain actual transactions from which Payroll warrants will be written.
 - b. Must have all transactions from the same Agency/Reporting Unit. (This will expedite the redeposit of any warrants that may generate incorrectly from the test.)
 - c. Must have at least 5 but not more than 10 transactions on the file.
 - d. Must have the Batch Control Record as the first record on the file.
 - e. Must have a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
 - f. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
 - g. The File Transmittal email must be completed and sent to the SCO staff that is performing the test.

SCO staff will perform the live test through the next daily Payroll cycle upon receipt of the File Transmittal email. 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.

IV. **FILE TRANSMITTAL FORM**

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

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

A. **Requirements**

Following are the guidelines for submitting Payroll transaction files to the State Controller's Office (SCO) using the email process on an ongoing basis.

1. The email process enables departments to submit transaction files for processing through the Payroll system by sending a Transmittal 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 Input files.
3. Supporting documentation requirements have been modified for organizations eligible to email Transmittal Forms to SCO.
 - a. The File Transmittal email is used to certify the pay.
4. Transaction files may not be submitted on the Master Payroll cut-off cycle.

Note: Files submitted on Master Payroll cutoff will not be processed and will not be held for future cycles.

5. Transaction files must be transmitted to SCO during the hours of 6:00 a.m. to 12:00 P.M. Noon in order to be processed through that night's payroll cycle. If that day is not a payroll cycle then it will NOT be processed, the file will need to be submitted on a cycle day.
6. A completed File Transmittal email must be sent to SCO once the file is uploaded by 12:00 P.M. Noon for each payroll file submitted or the file cannot be processed.
7. Send the File Transmittal email to: ppsdfprepoting@sco.ca.gov
8. Questions regarding the submission of transaction files should be directed to SCO's PPSU3 Unit at (916) 324-7268.

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 PPSU3 staff.

B. Form Completion

Complete the following items in the *top* section of the File Transmittal email. (see sample email, next page).

1. **From**
Enter your department name.
2. **Contact**
Enter the name of the *Personnel or Payroll Office* person to be contacted for any questions or problems that may arise in processing the file.
3. **Phone**
Enter the phone number of the contact person.
4. **Pay Period**
Enter the pay period of the payments.
5. **Batch No.**
Enter the permanent Batch Number assigned to your department for this transaction process.
7. **Record Count**
Enter the total number of records on the file.
8. **Authorized Signature**
The transmittal form must be signed with an representative of your Human Resource Office authorized to submit pay (i.e., Transactions Manager, Personnel Specialist, etc.). An Electronic signature will be accepted.
9. **Date**
Enter the current date.

SAMPLE TRANSMITTAL EMAIL

 Send	From ▾	SKelly@sco.ca.gov
	To...	<input type="checkbox"/> PPSD FTP Reporting
	Cc...	
	Bcc...	
	Subject	Office of the State -TRN 673 Batch C0003

RE: 673 Input File

CONTACT: Bea R. Guest Phone: 999-555-4777

Batch No. : C0003
Pay Period : 04/2020
Record Count: 112

File Name : **PD.PAYROLL.FTP.OCS.TRN673.D040920A.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.

Bea R. Guest 04/09/2020

Bea R. Guest
Transaction Manager
Office of the State

**V. RECORD FORMATS
&
FILE DEFINITIONS**

PAYROLL INPUT FILE - 673 OVERTIME

03/95

C. WISE

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

File Name: **BATCH CONTROL**

Format Title: **673 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			TOTAL HOURS TO BE PAID				SALARY RATE TOTAL				FILLER																																
9(3)			9(4)			x(5)			X(6)V99				9(7)V99				X(46)																																

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																																																																																																				
FILLER (CONT'D)																																																																																																																																																					

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

OVERTIME – 673 BATCH CONTROL

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 3	Transaction Code	3	9(3)	Enter '000'.
4 - 7	Number of Transactions	4	9(4)	Count of the total number of detail transactions on the file. Entire field must be completed with preceding zeros. <i>Example: A total count of 50 must be entered as 0050.</i>
8 - 12	Filler	5	X(5)	Leave blank.
13 - 20	Total Hours to be Paid	8	9(6)V99	Enter the total number of Hours to be Paid in hours and hundredths of hours of the detail transactions on the file. If no hours are reported, enter zeros. Entire field must be completed with preceding zeros. <i>Example: 1550.5 hours must be entered as 00155050.</i>
21 - 29	Salary Rate Total	9	9(7)V99	Enter the total Salary Rate in dollars and cents of the detail transactions on the file. Entire field must be completed with preceding zeros. <i>Example: \$100.50 must be entered as 000010050.</i>
30 - 75	Filler	46	X(46)	Leave blank.
76 - 80	Batch Number	5	9(5)	Enter the Batch Number assigned by SCO for this process.
81 - 200	Filler	120	X(120)	Leave blank.

PAYROLL INPUT FILE - OVERTIME 673

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

03/95 C. WISE
 04/91 P. WILSON

File Name: PAYROLL TRANSACTION Format Title: OVERTIME

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
'673'			SOCIAL SECURITY NUMBER				EE NAME		POSITION NUMBER				WORK WEEK GROUP		PAY PERIOD			TIME TO BE PAID			OVERTIME SALARY RATE																												
			FIRST INTIAL	MIDDLE INTIAL	SURNAME (FIRST 3 LETTERS)		AGENCY CODE	REPT UNIT	CLASS CODE	SERIAL NUMBER			TYPE	MONTH	YEAR	DAYS	HOURS																																
9(3)			9(9)				X	X	X(3)		9(3)	9(3)	9(4)		9(3)	X(4)		X	9(2)	9	9(2)	9(3)V99		9(3)V99																									

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	
SHIFT DIFF	OVERTIME POSITION			OVERTIME FACTOR	PAYMENT SUFFIX	FILLER																																												
	AGENCY CODE	REPT UNIT	SERIAL NUMBER			FILLER																																												
X	9(3)	9(3)	9(3)	9(2)	X	X(137)																																												

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
FILLER (CONT'D)																																																	

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)																																																	

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

FORMAT DESCRIPTION

OVERTIME – 673 TRANSACTION

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 3	Transaction Code	3	9(3)	Enter ' 673 '.
4 - 12	Social Security Number	9	9(9)	Enter Social Security Number or Interim Number.
13	First Initial	1	X	Enter First Initial, if any, or leave blank.
14	Middle Initial	1	X	Enter Middle Initial, if any, or leave blank.
15 - 17	Surname	3	X(3)	Enter first 3 letters of Surname. If employee Surname has a space, hyphen or special characters within the first 3 letters, compact the name. <i>Example: 'O'Neal' must be entered as 'ONE'.</i>
18 - 20	Agency Code	3	9(3)	Enter employee's regular Position Number (i.e., agency, unit, class & serial).
21 - 23	Reporting Unit	3	9(3)	
24 - 27	Class Code	4	9(4)	
28 - 30	Serial Number	3	9(3)	
31 – 34	Work Week Group	4	X(4)	Left justified. Enter the Work Week Group for the <u>class</u> . Valid codes 1, 2, 4 or blank. If a Trade Rate Class, leave blank
35	Pay Period Type	1	X	Enter the appropriate type: 0 - Monthly 1 - 1st 1/2 Semimonthly 2 - 2nd 1/2 Semimonthly
36 - 37	Pay Period Month	2	9(2)	Enter the month and the last digit of the year for the payment.
38	Pay Period Year	1	9	
39 - 40	Days to be Paid	2	9(2)	Leave blank.

OVERTIME – 673 TRANSACTION

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
41 - 45	Hours to be Paid	5	9(3)V99	<p>Enter time in hours and hundredths of hours. If no hours, enter zeros. Complete the entire field with preceding zeros. <i>Example: 5 hours must be entered as 00500.</i></p> <p><i>Time values must be appropriate for the transaction as specified in the Payroll Procedures Manual (PPM).</i></p>
46 - 50	Overtime Salary Rate	5	9(5)V99	<p><i>If applicable, enter the appropriate rate in dollars and cents. Otherwise, enter zeros. Complete the field with preceding zeros.</i> <i>Example: \$12.46 must be entered as 01246.</i></p> <p>Enter the hourly rate if the employee had a mid-month salary rate change.</p>
51	Shift Differential	1	X	<p>If Shift Differential is included in the Overtime Salary Rate enter the appropriate Shift code per the Payroll Procedures Manual instructions. Otherwise, leave blank.</p> <p>E, G, K, or R = Evening N, H, L, or S = Night</p>
52 – 54	Agency Code	3	9(3)	<p><i>Overtime Position.</i> Enter the code if Overtime is to be paid from an agency, unit, and/or serial that is different from the regular position entered in bytes 18 - 30. Otherwise, leave blank.</p>
55 - 57	Reporting Unit	3	9(3)	
58 - 60	Serial Number	3	9(3)	
61 – 62	Overtime Factor	2	9(2)	Enter the appropriate code for the Overtime Salary Rate.

OVERTIME – 673 TRANSACTION

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
				05 = Half Time 20= Double Time 10 = Straight Time 25= Double Time and 15 = Time and One Half One Half cents.
63	Payment Type Suffix	1	X	Applicable only for the following exceptions. <u>Otherwise, leave blank.</u> Holiday Pay/Planned/Unplanned OT a) Enter 'G' for user generated Salary Rate (Planned) b) Enter 'H' for System generated Salary Rate c) Enter 'F' for user generated Salary Rate (FLSA) <i>Not subject to Retirement Deduction</i>
64 - 200	Filler	137	X(137)	Leave blank.

APPENDIX I
BLANK FORMS

**STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
OVERTIME FILE SPECIFICATION FORM**

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

RE: **PAYROLL TRANSACTION INPUT FOR 673 OVERTIME PAYMENTS VIA FTP FILE**

1. We hereby request the State Controller's Office to accept and process files containing overtime payments for input into the Uniform State Payroll System via FTP

2. The file characteristics are:

Transaction Code: **673 Overtime**
Record Length: **200**

3. The Department anticipates submitting input files beginning the month and year of:

_____.

4. Files to be accessed via electronic file transfer (FTP). We hereby request the State Controller's Office to allow us access to the following datasets:

PD.PAYROLL.FTP._____.TRN673.Dmddyy*.PR1300

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)*

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:

9. We agree to notify the State Controller's Office *in writing* of any change made to this agreement.
10. We agree to notify the State Controller's Office *in writing* should we desire to terminate this agreement.
11. We agree to indemnify, defend and save harmless the State Controller's Office and its officers, agents and employee's from any and all claims and losses that may result from reporting payments via FTP.
12. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the State Controller's Payroll System. The undersigned signature is a person authorized to sign payroll documents authorizations and constitutes validation of the requesting source.

Agency Name

Authorized Representative (Please Print)

Phone

Signature of Authorized Representative

Title

Date