

# EXERCISE PROCEDURES

1. Determine the appropriate transaction code by referring to the Appointment, Miscellaneous Change, or Separation Indexes in PAM, Section 3.

2. Determine the appropriate Required/Conditional Chart to use.

For Appointments ONLY consider the employee's: (See Pg. 3.6-3.8 in your PAM)

a) Eligibility (A01, Certification; A02, Transfer/Reinstatement, etc.)

b) State service status (New, Returning, and Additional Positions, etc.)

c) Date base status (History on data base?)

3. Complete the exercise using the appropriate Required/Conditional Chart(s). Refer to the PAM Sections 2 for specific PAR entries when making the appropriate entry and/or whether the entry should be made.

4. Double-check your answers!!

*NOTE: All exercises are to be completed as though the employees work schedule were Monday thru Friday, 8:00 am to 5:00 pm with a one hour lunch. All other information, if it applies, will be on the information sheet for each individual exercise.*

# Exercise #1

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

## ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): A01

STORY STATUS: New to State

R/C CHART PAGE(S): 3.20

# Exercise #1 *1 of 2*

*Hiring package information: Employee is new to state with no prior state service*

<b>PAR – Lines 1-7 information</b>		
105	SOCIAL SECURITY NUMBER	111-22-0505
110	NAME	KIMBER MARTIN
120	POSITION NUMBER	051-000-1120-000 (SEASONAL CLERK)
126	CBID	E97
130	COUNTY	SACRAMENTO
140	BIRTH DATE	MARCH 6, 1981
210	EFFECTIVE DATE	JULY 10, 2010
215	E/H REMARKS	NEW HIRE
310	SALARY PER	HOURLY
315	PAY FREQUENCY	MONTHLY
320	SALARY RATE	\$1418
330	ANNIVERSARY DATE	NONE
355	WORK WEEK GROUP	2
405	TIME BASE	INTERMITTENT

# Exercise #1 *2 of 2*

## PAR – Lines 1-7 : (Cont.)

410	APPOINTMENT TENURE	TAU (Non testing)
415	APPOINTMENT EXPIRATION DATE	9 Month appointment (enter expiration date)
425	CERTIFICATION NUMBER	1120NT
430	PROBATIONARY PERIOD	NONE
435	MCR CODE	1
440	SEX	F
450	PRIOR STATE SERVICE	New
505	RETIREMENT ACCOUNT CODE	TM
545	OATH	Completed
550	MEDICAL APPROVAL DATE	07/06/10
560	FINGERPRINT	Not required

## PAR – Lines 8 & 9 information

863	Intermittent hours work expected	90 hours per month
878	TAU Clearance	MQ approved by SPB
957	Other eligibility substantiation	25-C

# Exercise #1 Padded PAR

005	SEQUENCE NUMBER _____ OF _____
010	DOCUMENT PROCESSING NUMBER <b>0000</b>

**MAKE NO ENTRIES IN SHADED AREAS**

1	SOCIAL SECURITY NUMBER <b>111-22-0505</b>	EMPLOYEE LAST NAME <b>MARTIN</b>	FIRST NAME AND MIDDLE INITIAL <b>KIMBER</b>	AGENCY <b>051</b>	POSITION NUMBER UNIT <b>000</b>	CLASS <b>1120</b>	SERIAL <b>000</b>	DEPT CODE	CBID <b>E97</b>	COUNTY CODE <b>34</b>	OTHER POSITION	BIRTH DATE <b>03/06/81</b>	OPEB CBID		
2	TRANSACTION CODE <b>A01</b>	EFFECTIVE DATE AND HOURS DATE <b>07/10/10</b>	EMPLOYMENT HISTORY REMARKS <b>New Hire</b>	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
3	305 ACTUAL RATE	SALARY PER <b>H</b>	PAY FREQ. <b>M</b>	BASED ON SALARY <b>1418</b>	GSI CODE	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG <b>2</b>	PAY LETTER #	EXPIRATION DATE	
4	TIME BASE <b>INT</b>	APPT. TENURE <b>T</b>	# MOS <b>09</b>	APPOINTMENT EXPIRATION DATE <b>04/09/11</b>	CERT. # <b>1120NT</b>	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE <b>1</b>	FORM	DATE	SEX <b>F</b>	ETHNIC ORIGIN <b>E</b>	PRIOR STATE SERVICE <b>1</b>	DISABILITY CODE
5	ACCOUNT CODE <b>TM</b>	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH <input checked="" type="checkbox"/>	NON-CITIZEN <input type="checkbox"/>	MEDICAL CLEARANCE <b>07/06/10</b>	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED. <input type="checkbox"/>	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST / FINAL DED.	HOURS	MONTHLY DED.	
7	TOTAL STATE SERVICE MONTHS	HOURS	AS OF	INTERMITTENT DATES AND HOURS	SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.	MCP WAVE NUMBER							
8	<b>863</b>	<b>04</b>	<b>878</b>	<b>1</b>											
9	<b>957</b>	<b>25-C</b>													
10	BACKUP INFORMATION <input checked="" type="checkbox"/> ON FILE FOR AUDIT	REMARKS <b>(Item 330 has "None" entered)</b>	KEYED BY INITIALS	DATE											
11	FOR THE APPOINTING POWER For Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath required by Sections 18150 through 18158 of the Government Code has been taken and is on file in the employee's official file. Payment by the State when required under Sections 12470 through 12481, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.											CONCURRING APPOINTING POWER SIGNATURE(S)	<b>4</b>		
	SIGNATURE <i>A. Signature</i>	DATE <i>date</i>	PHONE	CONTACT PERSON											

## Exercise #2

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
  - **Lateral transfer from another department and time base change**
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

### ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): A02

STORY STATUS: Current

R/C CHART PAGE(S): 3.38

# Exercise #2

## *Lateral transfer & Time base change*

### **PAR – Lines 1-7 information**

120	POSITION NUMBER	900-021-1379-002
124	DEPARTMENT CODE	000
130	COUNTY CODE	Sacramento
210	EFFECTIVE DATE	02/04/18
215	EMPLOYMENT HISTORY REMARKS	Transfer
405	TIME BASE	½ Time (4 hours a day)
430	PROBATIONARY PERIOD	New 6 month
435	MCR CODE	1

### **PAR – Lines 8 & 9 information**

871	RIGHT OF RETURN DESIGNATION	
957	OTHER ELIGIBILITY SUBSTANTIATION	

### **PAR – Line 10 information**

Reason for time base change on file with department

# PERSONNEL ACTION REQUEST

STATE OF CALIFORNIA

005 SEQUENCE NUMBER	07
DOCUMENT PROCESSING NUMBER 010 0007	ROUTE TO 015

1	FROM	*011-11-1119	BUNDY	AL	280	101	1379	102	003	R04	19		05/18/62	01/09
	TO	105	110	111	120	121	122	123	124	128	130	135	140	145
		SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	CODE	ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE
					900	021	002	000		34				

2	FROM	*01/01/08	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS				ESTABLISHED EARNINGS				
	TO	205	A02	210	02/04/18	215	Transfer	351					352		
		TRANSACTION CODE	EFFECTIVE DATE AND HOURS					IND	ID	IND	ID	IND	ID	IND	ID

3	FROM	ACTUAL RATE	M	M	2037.00			01/09	B				2	
	TO	2037.00	310	315	320	321	325	330	335	340	345	350	355	358
		TOTAL SALARY	SALARY PER	PAY FREQ.	BASED ON SALARY	CSI CODE	PLUS SALARY	EXPIRATION DATE	AGE					PAYLETTER #
		2037.00												

(Computer will delete ending date in shaded area)

4	FROM	FT	P		B075033	S	1	01/01/08	1	M	5		
	TO	405	410	415	418	425	428	430	435				
		TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	M			SELIITY CODE

MCR code must be re-entered due to transaction from a different department, due to system problems.

5	FROM	41	MIS	NO	YES	0.0000	X	NON	ON FILE			JOB INCURRED INJURY CODE	JOB INCURRED INJURY DATE
	TO	505	515	520	525	530	545	550	555	560	565	565	565
		ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	CLASS	RETIREMENT RATE%	BIRTH	CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	WCTS/SL DATE

6	FROM		PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO PAID (S/L)	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION EXPIRATION HOURS	FOR MAINTENANCE FIRST / FINAL DEG.
	TO	603	605	606	607	615	620	625	630	635	638	645	655	655
		REASON FOR SEPARATION												MONTHLY DEG.

7	FROM		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD					
	TO	705	710	715	720	725	730	735	740			
		TOTAL STATE SERVICE					SPECIAL PLUS	REEMPLOYMENT LIST	REEMPLOYMENT LIST BUI			



**8** FROM 871 08 TO 871 08 892: 02/03/08 (Last day on pay status is documented by the losing agency but keyed by the gaining agency.)

**9** FROM TO: 957: 21 (transfer without exam)

ESTABLISHED EARNINGS			ESTABLISHED EARNINGS		
END	ID	AMOUNT	END	ID	AMOUNT

**10** BACKUP INFORMATION REMARKS  
 ON FILE FOR AUDIT (Decrease in Time base)  
 SUBSTANTIATION ATTACHED

KEYED BY INITIALS DATE MM/DD/YY

**11** FOR APPOINTING POWER  
 For Agencies at State Payroll System. The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with the law. As modified to date by payroll roster changes filed with the State Controller. To including the within, said original payroll roster is true, correct, and in accordance with the law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath 22826 through 22828 inclusive of the Government Code is herein approved Attendance data stated herein is correct complete and in accordance with the laws and regulations.

SIGNATURE *A. Signature* DATE *date* PHONE CONTACT PERSON

CONCURRING SIGNATURE

\_\_\_\_\_  
 \_\_\_\_\_

**12** EMPLOYEE HISTORY (Information Only)

SOCIAL SECURITY #		EMPLOYEE'S LAST NAME			PRIOR LAST NAME										D.P. #	
011-11-1119		BUNDY													0007	
EFFECTIVE DATE	HOURS	TRANS CODE	TENURE	#OF MOS	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'L DATA	CB ID	TIME BASE	COUNTY	ACCOUNT CODE	EMPLOYMENT HISTORY REMARKS
<b>CURRENT STATUS</b>																
01/01/08		MSA	P		280-101-1379-102	OFF/ASST	B	2037.00			01/09	R04	FT	19	41	
01/01/07		MSA	P		280-101-1379-102	OFF/ASST	B	1940.00			01/08	R04	FT	19	41	
05/02/06		120	P		280-101-1379-102	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
03/01/06		A02	P		280-322-1379-002	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
01/01/06		SIS	P		280-101-1379-902	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
07/03/05		A01	P		280-101-1379-902	OFF/ASST	B	1760.00			01/06	R04	FT	19	41	NEW HIRE

ADDITIONAL EMPLOYMENT HISTORY AVAILABLE

## Exercise #3

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
  - **Leave of Absence for personal reasons**
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

### ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): S50

STORY STATUS: Current

R/C CHART PAGE(S): 3.232

# Exercise #3

## *Leave of Absence*

### PAR – Lines 1-7 information

210	EFFECTIVE DATE	04/03/08 ~ 12:00 noon (worked 4 hours)
603	REASON FOR SEPARATION	Personal
606	TIME TO BE PAID	Using Pay Period calendar determine time ~ Pay Immediately
645	SEPARATION EXPIRATION DATE	Requested 9 months, figure out last day on separation

### PAR – Lines 8 & 9 information

Complete all of the line 8/9 information that applies to this transaction per the Required/Conditional Chart.

### PAR – Line 10 information

Approval for Leave of Absence filed with the Department.



8	FROM	871	08												
	TO														

9	FROM									ESTABLISHED EARNINGS							
	TO									IND	ID	AMOUNT	IND	ID	AMOUNT	IND	ID

10	BACKUP INFORMATION	REMARKS	
	<input checked="" type="checkbox"/> ON FILE FOR AUDIT <i>(Needed for an S50 transaction)</i> <input type="checkbox"/> SUBSTANTIATION ATTACHED		KEYED BY INITIALS _____ DATE MM/DD/YY _____

11	FOR APPOINTING POWER	CONCURRING SIGNATURE
	<p>For Agencies at State Payroll System. The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with the law. As modified to date by payroll roster changes filed with the State Controller. To including the within, said original payroll roster is true, correct, and in accordance with the law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath 22826 through 22828 inclusive of the Government Code is herein approved Attendance data stated herein is correct complete and in accordance with the laws and regulations.</p> <p>SIGNATURE <i>A. Signature</i> DATE <i>date</i> PHONE _____ CONTACT PERSON _____</p>	_____ _____

**12 EMPLOYEE HISTORY (Information Only)**

SOCIAL SECURITY #		EMPLOYEE'S LAST NAME			PRIOR LAST NAME										D.P. #
011-11-1119		BUNDY													0008
EFFECTIVE DATE	TRANS CODE	TENURE	#OF MOS	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'L DATA	CB ID	TIME BASE	COUNTY	ACCOUNT CODE	EMPLOYMENT HISTORY REMARKS
<b>CURRENT STATUS</b>															
02/04/08	A02	P		900-021-1379-002	OFF/ASST	B	2037.00				R04	01/02	34	41	TRANSFER
01/01/08	MSA	P		900-021-1379-002	OFF/ASST	B	2037.00			01/09	R04	01/02	34	41	
01/01/08	MSA	P		280-101-1379-102	OFF/ASST	B	2037.00			01/09	R04	FT	19	41	
01/01/07	MSA	P		280-101-1379-102	OFF/ASST	B	1940.00			01/08	R04	FT	19	41	
05/02/06	120	P		280-101-1379-102	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
03/01/06	A02	P		280-322-1379-002	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
01/01/06	SIS	T		280-101-1379-902	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
07/03/05	A01	T		280-101-1379-902	OFF/ASST	B	1760.00			01/06	R04	FT	19	41	NEW HIRE

ADDITIONAL EMPLOYMENT HISTORY AVAILABLE

# Exercise #4

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
  - **Reinstate after LOA & change time base to full time**
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

## ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): A03

STORY STATUS: Returning

R/C CHART PAGE(S): 3.42

# Exercise #4

## *Reinstate after LOA & Time base change to full time*

### **PAR – Lines 1-7 information**

120	POSITION NUMBER	900-120-1379-200
210	EFFECTIVE DATE	08/12/08
330	ANNIVERSARY DATE	Compute date
405	TIME BASE	Full time
430	PROBATIONARY PERIOD	Calculate Prob. end date, 840 hrs. required for probation, EE worked 152 hrs. from 2/04/08 thru 04/03/08, needs 688 hrs. = 86 days
450	PRIOR STATE SERVICE	Determine appropriate entry per item definition

### **PAR – Lines 8 & 9 information**

Complete all of the line 8/9 information that applies to this transaction per the Required/Conditional Chart.

### **PAR – Line 10 information**

Review all items to determine if there is a condition which requires this item.

S	M	T	W	T	F	S
JANUARY						
				21 DAYS 168 HRS		
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

S	M	T	W	T	F	S
FEBRUARY						
				21 DAYS 168 HRS		
					30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

S	M	T	W	T	F	S
MARCH						
				22 DAYS 176 HRS		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	S
APRIL						
				22 DAYS 176 HRS		
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

S	M	T	W	T	F	S
MAY						
				21 DAYS 168 HRS		
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S	M	T	W	T	F	S
JUNE						
				22 DAYS 176 HRS		
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

86-14=72 days

72-21=51 days

S	M	T	W	T	F	S
JULY						
				22 DAYS 176 HRS		
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

S	M	T	W	T	F	S
AUGUST						
				22 DAYS 176 HRS		
					31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

S	M	T	W	T	F	S
SEPTEMBER						
				22 DAYS 176 HRS		
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

51-22=29 days

29-19=10 days

10-10=0 days

S	M	T	W	T	F	S
OCTOBER						
				22 DAYS 176 HRS		
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S	M	T	W	T	F	S
NOVEMBER						
				22 DAYS 176 HRS		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1				

S	M	T	W	T	F	S
DECEMBER						
				22 DAYS 176 HRS		
			2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



# PERSONNEL ACTION REQUEST

STATE OF CALIFORNIA

005 SEQUENCE NUMBER		01	
DOCUMENT PROCESSING NUMBER		ROUTE TO	
010	0009	015	DOT 900

1	FROM	*011-11-1119	BUNDY	AL	900	021	1379	002	000	R04	34		05/18/82	01/09
	TO	105	110	111	120	121	122	123	124	126	130	135	140	145
		SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CS ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE

2	FROM		*04/03/08														
	TO	205	08/12/08		215												
		TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS						ESTABLISHED EARNINGS				ESTABLISHED EARNINGS			
		A03		Reinstatement						IND	ID	IND	ID	IND	ID	IND	ID

3	FROM	ACTUAL RATE	M	M	2037.00			01/09	B				2		
	TO	1018.50	310	315	320	321	325	330	335	340	345	350	355	356	
		TOTAL SALARY	SALARY PER	PAY FREQ.	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNU DATE	ALTER RATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		21018.50						MM/DD/YY	MM/DD/YY						EXPIRATION DATE

4	FROM	001/002	P					1	1	M	5		
	TO	405	410	415	416	425	426	430	435	440	445	450	455
		TIME BASE	APPT	# MDS	APPOINTMENT EXPIRATION	CERT #	TYPE OF LIST OR	PROBATIONARY PERIOD	MOR APPROVAL	SEX	ETHNIC	PRIOR STATE	DISABILITY
			TENURE	DATE	HOURS	EXAM STATUS	CODE	ENDING DATE	CODE	FORM	DATE	ORIGIN	SERVICE

5	FROM	41	MIS	NO	YES	0.0000	X	NON	ON FILE				
	TO	505	515	520	525	530	545	550	555	560	MM/DD/YY	565	MM/DD/YY
		ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	GRS/DI	RETIREMENT RATE%	BATH	CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	INJURY DATE
											TYPE	EXPIRATION DATE	WCTD/IDL DATE

6	FROM		PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMID	LUMP SUM TO PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION	FIX MAINTENANCE
	TO	603	605	606	607	615	620	625	630	635	636	645	655
		REASON FOR SEPARATION					(S/L)					DATE	HOURS
				14,000.00			(V/A/E)						FIRST / FINAL SED.

7	FROM		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST	REEMPLOYMENT LIST & UG		
	TO	705	710	715	720	725	730	735	740			
		TOTAL STATE SERVICE	1)	THRU								
		MON	HOURS	DATE	DATE	HOURS	DATE					

8	FROM	871	08												
	TO														

9	FROM															
	TO															

10	BACKUP INFORMATION	REMARKS	KEYED BY INITIALS	DATE MM/DD/YY
	<input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTANTIATION ATTACHED			

11	FOR APPOINTING POWER	CONCURRING SIGNATURE
	<p>For Agencies at State Payroll System. The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with the law. As modified to date by payroll roster changes filed with the State Controller. To including the within, said original payroll roster is true, correct, and in accordance with the law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath 22826 through 22828 inclusive of the Government Code is herein approved Attendance data stated herein is correct complete and in accordance with the laws and regulations.</p> <p>SIGNATURE <i>A. Signature</i>      DATE <i>date</i>      PHONE      CONTACT PERSON</p>	

12 EMPLOYEE HISTORY (Information Only)																
SOCIAL SECURITY # 011-11-1119			EMPLOYEE'S LAST NAME BUNDY				PRIOR LAST NAME					D.P. # 0008				
EFFECTIVE DATE	TRANS CODE	TIME HOURS	TENURE	#OF MOS	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'L DATA	CB ID	TIME BASE	COUNTY	ACCOUNT CODE	EMPLOYMENT HISTORY REMARKS
CURRENT STATUS																
04/03/08	S50				900-021-1379-002	OFF/ASST	B	2037.00			01/09	R04	01/02	34	41	LOA TRANSFER
02/04/08	A02		P		900-021-1379-002	OFF/ASST	B	2037.00			01/09	R04	01/02	34	41	
01/01/08	MSA		P		280-101-1379-102	OFF/ASST	B	2037.00			01/09	R04	FT	19	41	
01/01/07	MSA		P		280-101-1379-102	OFF/ASST	B	1940.00			01/08	R04	FT	19	41	
05/02/06	120		P		280-101-1379-102	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
03/01/06	A02		P		280-322-1379-002	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
01/01/06	SIS		P		280-101-1379-902	OFF/ASST	B	1848.00			01/07	R04	FT	19	41	
07/03/05	A01		P		280-101-1379-902	OFF/ASST	B	1760.00			01/06	R04	FT	19	41	NEW HIRE

ADDITIONAL EMPLOYMENT HISTORY AVAILABLE

# Exercise #5

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
  - Employee being appointed to Perm FT off certification list.
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

## ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): A01

STORY STATUS: Current

R/C CHART PAGE(S): 3.26

## Exercise #5 1 of 2

*Hiring package information: Employee is being appointed by certification to permanent full time.*

### PAR – Lines 1-7 information

120	POSITION NUMBER	Unit: 280-200-1733-003
210	EFFECTIVE DATE	April 3, 2020
215	E/H REMARKS	Perm appointment
310	Salary Per	Monthly
330	Anniversary date	Compute
405	Time base	Full time
410	Appointment Tenure	Permanent
415	# MOS	*EOF
416	Appointment Expiration Date	*EOF
425	Certification number	B696340 open cert list (Sent to SPB 3/22/20)
426	Appointment Expiration Date	*EOF
430	Probation Code	New (6 months)
505	Retirement Account Code	CalPERS: 41 (Miscellaneous Member – Tier 2)
710	Intermittent Hours	09/01/10 thru 03/31/11 = 928 04/01/11 thru 04/03/11 = 000

## Exercise #2 *2 of 2*

### PAR – Lines 8 & 9 information

858	List Clearance Date	March 30, 2020
871	Right of Return	No right of return

### PAR – Lines 10 information

Review to determine if there is a condition which requires you to mark on file for audit or substantiation attached. If no condition exists on your required/conditional chart Do NOT Mark the box

# PERSONNEL ACTION REQUEST

STATE OF CALIFORNIA

005 SEQUENCE NUMBER OF

DOCUMENT PROCESSING NUMBER ROUTE TO  
010 0002 015 EDD 280

1	FROM	*333-02-0400	BUTLER	SCARLETT	280	100	1733	902	002	R04	19	01/20/64	NONE	
		SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT	CS	COUNTY	OTHER	BIRTH DATE	ANNIV
	TO	105	110	111	AGENCY	UNIT	CLASS	SERIAL	CODE	ID	CODE	POSITION	DATE	145 MM/DD/YY

2	FROM		*01/01/11	EMPLOYMENT HISTORY REMARKS						ESTABLISHED EARNINGS				ESTABLISHED EARNINGS							
	TO	205	A01	210	04/03/11	Permanent Appointment						351						352			

3	FROM	ACTUAL RATE	H	M	2104.00	NONE									2		
		12.14	SALARY	PAY	BASED ON SALARY	GS1	PUS SALARY	EXPIRATION DATE	ANNU	ALTERATE	PAYROLL	SHIFT	SPECIAL PAY	WWG	PAY LETTER #	PAYLETTER #	
	TO	12.14	PER	FREQ.	CODE	MM/DD/YY	325	330	335	340	345	350	355	358	MM/DD/YY	MM/DD/YY	

4	FROM	INT	T	09	09/30/11	10320GT	N		1		F		1			
		TIME BASE	APPT	# MOS	APPOINTMENT EXPIRATION	CERT #	TYPE OF LIST OR		PROBATIONARY PERIOD		MCR APPROVAL		SEX	ETHNIC	PRIOR STATE	DISABILITY
	TO	405	FT	P	*EOF	*EOF	B696340	EXAM STATUS	CODE	ENDING DATE	CODE	FORM	DATE	440	445	450

5	FROM	TM	NO		NO		MED	0.0750	X NON		ON FILE				JOB INCURRED INJURY	
		ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	ORSON	RETIREMENT RATES	DATH CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE		CODE	INJURY DATE
	TO	505	515	520	525	530	545	550	555	560	565	570	575	585	MM/DD/YY	

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM		SEPARATION EXPIRATION		FIX MAINTENANCE
									(S/L)												FIRST / FINAL SED.
	TO	603	605 MM/YY	606 DAY	MM	MM/YY	607 DAY	MM	MM/YY	615	620 DAY	MM	MM/YY	625 DAY	MM	MM/YY	630	635	638	645 MM/DD/YY	655

7	FROM	INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST		REEMPLOYMENT LIST EUG			
		09/01/10		THRU		03/31/11		928									
	TO	705		MM/YY		710 MM/YY		715 MM/YY		720		725		730		740	

8	FROM														
	TO	858	03/22/11	871	04										

9	FROM									ESTABLISHED EARNINGS							
	TO									IND	ID	AMOUNT	IND	ID	AMOUNT	IND	ID

10	BACKUP INFORMATION	REMARKS	KEYED BY INITIALS	DATE MM/DD/YY
	<input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTANTIATION ATTACHED			

11	FOR APPOINTING POWER	CONCURRING SIGNATURE
	<p>For Agencies at State Payroll System. The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with the law. As modified to date by payroll roster changes filed with the State Controller. To including the within, said original payroll roster is true, correct, and in accordance with the law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath 22826 through 22828 inclusive of the Government Code is herein approved Attendance data stated herein is correct complete and in accordance with the laws and regulations.</p> <p>SIGNATURE <i>Signature</i>    DATE <i>date</i>    PHONE    CONTACT PERSON</p>	

12 EMPLOYEE HISTORY (Information Only)																
SOCIAL SECURITY # 333-02-0400			EMPLOYEE'S LAST NAME BUTLER				PRIOR LAST NAME						D.P. # 0002			
EFFECTIVE DATE	HOURS	TRANS CODE	TENURE	#OF MOS	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'L DATA	CB ID	TIME BASE	COUNTY	ACCOUNT CODE	EMPLOYMENT HISTORY REMARKS
CURRENT STATUS																
01/01/11		120	T	09	280-100-1733-902	ACCT CLK II		2104.00			NONE	R04	INT	19	TM	5
					280-100-1733-902	ACCT CLK II		2104.00			NONE	R04	INT	19	TM	
09/01/10		A01	T	09	280-101-1733-902	ACCT CLK II		2104.00			NONE	R04	INT	19	TM	
ADDITIONAL EMPLOYMENT HISTORY AVAILABLE																

# Exercise #6

You received your hiring package to appoint your new employee. Complete the steps below to enter the necessary Action information below:

1. Determine which PAM section you will utilize to determine the appropriate required/conditional chart for your specific transaction.
2. Determine what type of transaction you will complete for this exercise.
  - **Position Number Change adding Evening Shift .**
3. Enter the employee's story status (Is she new, returning or a current employee?) provided by your hiring package to fill in the Action information below.
4. Once you have determined the type of transaction, employee status and transaction code complete the R/C Chart page.

## ACTION:

PAM SECTION(S): 3

TRANSACTION CODE(S): 120

STORY STATUS: Current

R/C CHART PAGE(S): 3.105



# Exercise #6

## *Position Number Change/Shift Differential*

### **PAR – Lines 1-7 information**

120	POSITION NUMBER	280-100-1733-003
210	EFFECTIVE DATE	April 3, 2011
215	E/H REMARKS	Perm appointment
345	Shift Differential	Night Shift

### **PAR – Lines 8 & 9 information**

Complete all line 8/9 information that applies to this transaction per the Required/Conditional Chart.

### **PAR – Line 10 information**

Review to see if any of the conditions apply and complete only if appropriate

# PERSONNEL ACTION REQUEST

STATE OF CALIFORNIA

005 SEQUENCE NUMBER		OF	
DOCUMENT PROCESSING NUMBER		ROUTE TO	
010	0012	015	DDS 512

1	FROM	*300-20-3131	APPLES	CANDEE	512	080	8232	001	000	R18	39		12/04/70	NONE
		SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT	CS	COUNTY	OTHER	BIRTH DATE	ANNIV
	TO	105	110	111	120	100	122	311	124	126	130	135	140	145

2	FROM		*07/01/07			ESTABLISHED EARNINGS				ESTABLISHED EARNINGS					
		TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND	ID
	TO	205	120	210	04/01/08	215	351					352			

3	FROM	ACTUAL RATE	M	S	3008.00		MAX	B					2			
		3008.00	SALARY PER	PAY FREQ.	BASED ON SALARY	CSI CODES	PLUS SALARY	EXPIRATION DATE	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	W/WG	PAY LETTER #	PAYLETTER #
	TO	3008.00	310	315	320	321	325	MM/DD/YY	330	335	340	345	350	355	358	MM/DD/YY

4	FROM	FT	P				1	02/02/03	1	F	5		
		TIME BASE	APPT TENURE	# HRS	APPOINTMENT EXPIRATION	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD	MCR APPROVAL	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE
	TO	405	410	415	418	MM/DD/YY	425	428	430	435	440	445	450

5	FROM	04	MIS	NO	YES		X	NON	ON FILE	01/28/05			JOB INCURRED INJURY	
		ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	GRABER	RETIREMENT RATES	DATA	CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE		CODE	INJURY DATE
	TO	505	515	520	525	530	545	550	555	560	MM/DD/YY	565	MM/DD/YY	

6	FROM		PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION		FIX MAINTENANCE
		REASON FOR SEPARATION					(S/L)												FIRST / FINAL SED.
	TO	603	605	MM/YY	606	MM/YY	615	620	MM/YY	625	MM/YY	630	635	636	645	MM/DD/YY			MONTHLY SED.

7	FROM		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST		REEMPLOYMENT LIST BUG				
		TOTAL STATE SERVICE	1)	/	/	THRU	/	/									
	TO	705	MM	DD	YY	MM	DD	YY	HOURS	TOTN	715	MM/YY	720	725	728	730	735

8	FROM														
	TO	##		##		##		##		##		##		##	

9	FROM					ESTABLISHED EARNINGS								
	TO	##		##		END	ID	AMOUNT	END	ID	AMOUNT	END	ID	AMOUNT

10	BACKUP INFORMATION	REMARKS	KEYED BY	DATE
	<input type="checkbox"/> ON FILE FOR AUDIT		INITIALS	MM/DD/YY
	<input type="checkbox"/> SUBSTANTIATION ATTACHED			

11	FOR APPOINTING POWER	CONCURRING SIGNATURE
	<p>For Agencies at State Payroll System. The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with the law. As modified to date by payroll roster changes filed with the State Controller. To including the within, said original payroll roster is true, correct, and in accordance with the law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath 22826 through 22828 inclusive of the Government Code is herein approved Attendance data stated herein is correct complete and in accordance with the laws and regulations.</p> <p>SIGNATURE <i>A. Signature</i>      DATE <i>date</i>      PHONE      CONTACT PERSON</p>	

**12 EMPLOYEE HISTORY (Information Only)**

SOCIAL SECURITY #		EMPLOYEE'S LAST NAME			PRIOR LAST NAME								D.P. #		
300-20-3131		APPLES											0002		
EFFECTIVE DATE	TRANS CODE	TENURE	#OF MOS	POSITION NUMBER	CLASS TITLE	RANGE	BASED ON SALARY RATE	ADD'L	PLUS SALARY	ADD'L DATA	CB ID	TIME BASE	COUNTY	ACCOUNT CODE	EMPLOYMENT HISTORY REMARKS
<b>CURRENT STATUS</b>															
07/01/07	GEN	P		512-060-8232-001	PSYTECH	B	3008.00			MAX	R18	FT	39	04	
01/31/06	MSA	P		512-060-8232-001	PSYTECH	B	2851.00			MAX	R18	FT	39	04	P/L 07-01
02/01/05	MSA	P		512-060-8232-001	PSYTECH	B	2735.00			02/06	R18	FT	39	04	
02/01/05	560	P		512-060-8232-001	PSYTECH	B	2604.00			02/06	R18	FT	39	04	
01/01/05	GEN	P		512-060-8232-001	PSYTECH	B	2604.00			02/05	R18	FT	39	04	P/L 05-01
02/01/04	MSA	P		512-060-8232-001	PSYTECH	B	2528.00			02/05	R18	FT	39	04	
01/01/04	GEN	P		512-060-8232-001	PSYTECH	B	2350.00			02/05	R18	FT	39	04	P/L 04-01
10/01/03	120	P		512-060-8232-001	PSYTECH	B	2239.00			02/04	R18	FT	39	04	
02/01/03	MSA	P		512-022-8232-101	PSYTECH	B	2239.00			02/04	R18	FT	39	04	
07/31/02	335	P		512-022-8232-101	PSYTECH	B	2184.00			02/03	R18	FT	39	04	
02/03/02	A01	P		512-022-8232-101	PSYTECH	A	2099.00			02/03	R18	FT	39	04	NEW HIRE

ADDITIONAL EMPLOYMENT HISTORY AVAILABLE