

HISTORY TYPE CHART

PLEASE PRINT CLEARLY OR TYPE - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

1	TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBD	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNU. DATE
		105	110	111	120	121	122	123		128	A		145	MMYY
2	TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS										
		205	210 MM/DD/YY	C										
3	TO:	305 ACTUAL RATE	PAY FREQ.	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WVG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		B	B	B	B	B	AB	B	B	B	A	A	A	
4	TO:	405 TIME BASE	APPT TENURE	SAFETY MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE	
		AB	AB	H	H	AFH			C	C	C	C	WCTDI/DL DATE	
5	TO:	505 REASON FOR SEPARATION	SEPARATION PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		F	I	E	E	E	E	E	E	E	E	E	E	
6	TO:	603 MOS.	HOURS	AS OF	INTERMITTENT DATES AND HOURS	DATE	PHONE	CONTACT PERSON						
		603	605 MMYY	606 DASJ	607 DASJ	608 HOURS	609 HDTH	610	611	612	613	614	615	
7	TO:	705	710 MM	711 DD	712 YY	713 HRS	714 TNTH	715	716	717	718	719	720	
8	TO:	805	810	815	820	825	830	835	840	845	850	855	860	
9	TO:	905	910	915	920	925	930	935	940	945	950	955	960	
10	TO:	BACKUP INFORMATION	ON FILE FOR AUDIT	ACFIJ	REMARKS	KEYED BY INITIALS	DATE	MM/DD/YY						
11	TO:	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. All persons added to the payroll roster, or whose status is modified by this payroll roster, were employed in compliance with Sections 22825 and 22827 through 22829, inclusive, of the Government Code as of the date of the employee's official file. Payment by the State when required under Sections 22825 and 22827 through 22829, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.											

1) _____ THRU _____
 2) _____ THRU _____
 3) _____ THRU _____

LINE 8 - SEE NEXT PAGE

LINE 9 - SEE NEXT PAGE

REMARKS

ACFIJ

ON FILE FOR AUDIT

DATE

PHONE

CONTACT PERSON

SIGNATURE: _____

PAR ITEM	HIST TYPE	HISTORY TYPE SCREEN FIELD DISPLAYS:	PAR ITEM	HIST TYPE	HISTORY TYPE SCREEN FIELD DISPLAYS:	PAR ITEM	HIST TYPE	HISTORY TYPE SCREEN FIELD DISPLAYS:
122	A	CLASS TITLE	505	H	ACCT CODE	850	A	ADD POS SUBSTN 00/00/00
126	AB	EE CB ID	515	H	SAF	851	B	AL RG CR
130	A	CO	520	H	SUR	853	BG	COMMTMT 00/00/00
215	C	EH REMARKS	525	H	FICA	856	A	DMOTN REAS
305	B	ACSAL	530	H	RATE	857	A	EMER QULFY
306	B	SALTOT	535	AFH	EX AUTH	858	G	LST CLEAR DT 00/00/00
310	B	PR	545	I	OATH	859	G	LST FLG CLEAR
315	BI	FREQ	550	C	MEDCL	861	C	H&WB
320	B	BPAY	555	C	FINDT	863	AG	INT HRS EXP
325	B	PLUS EXP 00/00/00	560	C	LIC EXP 00/00/00	864	AI	LEGAL REF ANN
330	B	AN	568	C	JOBINJINJDT 00/00/00	865	F	LOA/MIL
335	AB	AR	603	F	REASON	866	F	LOA/SPEC
340	B	PKS	605	I	PAY PERD	867	AG	LT JUST 00/00/00
345	B	SHD	606	IJ	TO PAY-NEW	869	A	RMPL DT 00/00/00
350	B	SPAY	607	IJ	TO PAY-OLD		E	ELG DT 00/00/00
351	BIJ	ESTABLISHED EARNINGS	615	J	IMMED PAY		F	KST DT 00/00/00
355	A	WWGRP	620	J	LUMP SUM - S/L	871	AF	REMP ELG 00/00/00
356	A	P/L# - PL EXP 00/00/00	625	J	LUMP SUM - VAC	872	B	RGRET
405	AB	TB	630	J	LUMP SUM - EXTRA	873	B	SAL INC CERT SAL INC DENIED
410	AB	TEN			LS PAY	874	F	HAM SUBSTN
415	A	#MO	635	J	UNIT	876	B	CAUSE SUBSTN 00/00/00
425	AH	AEXP 00/00/00	636	J	SERIAL	878	AG	2 ND AN 00/00
426	AH	CERT	645	F	SP EXP 00/00/00	879	A	TAU CLEAR
430	A	LST	655	IJ	MAINT-FIRST/LAST MONTHLY	880	J	TBSUBSTN
450	D	PRSV	710	D	INT 00/00/00 THRU 00/00/00	881	A	TIME OF DEATH 00:00
					00/00/00 THRU 00/00/00	886	A	TRNG SUBSTN
					00/00/00 THRU 00/00/00		E	CLASS TITLE VARIATION
					00/00/00 THRU 00/00/00*			CLASS VAR
					EARLIEST SEN 00/00/00*	888	F	SICK LV RET
					REMP LST CLAS	890	A	EMPLOY LOA
					SEN LOG	891	D	IND SV
					LST ELG	892	A	LAST DA PAY
						895	J	ACADEMIC DA NOT WORK
						950	A	REORG SUBSTN
						951	G	APPT RESTRICT - SEX
						952	ABF	HEAR DECIS / /
						955	BI	MHR
						957	A	OTHER SUBSTN
						958	J	SEP TIME PAID SUBSTN
						962	BJ	FIRE SEAS
							ACF	BKUP INFO
							IJ	INFO