

# State Controller's Office

## Personnel Action Manual Section 7 NOPA Purpose Use

Rev. 11/2018



## Table of Contents

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<b>NOTICE OF PERSONNEL ACTION (NOPA)</b> .....	<b>3</b>
Section 7.1 (rev. 05/08).....	3
Section 7.2 (rev. 11/18).....	4
Section 7.3: Continued From Section 7.2 (rev. 02/91).....	6
<b>NOPA SAMPLES</b> .....	<b>7</b>
Section 7.4: Report of Appointment (rev. 05/04) .....	7
Section 7.5: Report of Appointment, Page 2 (rev. 05/04) .....	8
Section 7.6: Report of Miscellaneous Change (rev. 05/04) .....	9
Section 7.7: Report of Miscellaneous Change, Page 2.....	10
Section 7.8: Report of Separation (rev. 05/04) .....	11
Section 7.9: Report of Separation, Page 2 (rev. 05/04) .....	12

## NOTICE OF PERSONNEL ACTION (NOPA)

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### Section 7.1 (rev. 05/08)

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#### **Purpose and Use**

- Provides employees with an information copy of certain actions affecting their status.
- Reports to employees, in layman terminology, their rights concerning the action that has taken place (this will print in the main body of the NOPA).
- Serves as a legal document for recording the employee's signature on appointments and some miscellaneous changes.
- Allows employees to notify their departmental personnel office of erroneous information and verifies corrections or changes have been accomplished.

#### **Transactions Producing a NOPA**

- All Appointment Transactions with the exception of mass updates and A35 transactions.
- Miscellaneous Changes 126, 330, 335, 405, 445, 565 and 715 with the exception of mass updates and California Conservation Corps exempt employees.
- Separations S01 through S90 with the exception of California Conservation Corps exempt employees.

#### **Routing**

- Two copies of the NOPA are computer printed upon completion of the processing of the PAR.
- For civil service and some exempts, Personnel Operations routes both copies to the departmental personnel office. The employee's position number will print below "Route to Department of" box.
- The personnel office routes to employee for information and in some cases, for signature.

### **Employee Signature Information**

- All appointment related NOPA's will have a signature block. If the employee's signature is not required according to the PTM, the department may type "NOT REQUIRED" in the block. However, Personnel Operations recommends obtaining the signature to assure that the employee has received his copy.
- Miscellaneous change NOPA's will have signature block printed only when required for the transaction.
- Separation NOPA's will not have a signature block as the Separation Form (STD 687) is used for signature requirements.
- For exempt actions, the employee's signature is not necessarily required on any NOPA. It is the appointing power's option to obtain the employee's signature on a NOPA.

### **Retention**

- Department retains NOPA (with original signature, if required) in employee personnel folder.
- Employee retains a copy.

### **Employee Finds Incorrect Data**

- The employee should circle the incorrect data and explain the correction on the back of the NOPA.
- Return the corrected copy to the personnel office.

### **NOPA's Generated due to Correction or Void**

- When a correction is processed for a transaction that produced a NOPA, a NOPA will be issued with the words:  
"\*\*\*\*\*CORRECTED COPY\*\*\*\*\*" in the main body of the NOPA.

### **NOPA Reprint**

- To request a NOPA reprint, contact the Statewide Civil Service Audits Program. In your written correspondence please provide the following:
  - Employee full name
  - Employee full SSN
  - Pay Period(s) of transaction needed
  - Transaction Code
  - Brief explanation of why the data is needed
  - Contact information (return address, email, and phone number) so that we may reach the requestor if there are any questions
  - Original "wet" signature

- Send NOPA reprint requests to:

State Controller's Office-Personnel/Payroll Services Division  
ATTN: Statewide Civil Service Audits Program  
300 Capitol Mall Suite #1001  
Sacramento, CA 95814

- When a void is processed for a transaction that produced a NOPA, a NOPA will be issued with the following statement in the main body of the NOPA:  
“THE ACTION DESCRIBED HAS BEEN CANCELLED. YOU SHOULD RECEIVE ANOTHER NOTICE OF PERSONNEL ACTION WITHIN FIVE WORKING DAYS OR AN EXPLANATION FROM YOUR DEPARTMENTAL PERSONNEL OFFICE.”
  - As described in the message, the NOPA to be issued in five days refers only to NOPA's issued as a result of a correction to Item 205 - Transaction Code, or Item 210 - Effective Date and Hours.
  - Another NOPA is not issued when the transaction is actually voided and a subsequent transaction did not occur. If necessary, it is the department's responsibility to explain the voided transaction to the employee.
- A NOPA issued as a result of a correction or void may or may not show visible changes. If, for example, an A01C is submitted to correct Item 425 - Certification Number, the new NOPA would be identical to the original NOPA. If there are no visible changes, it is not necessary to give the NOPA to the employee.

### Special Instructions

- Classification Title
  - For appointments to class code 4687 (LIMITED EXAMINATION AND APPOINTMENT PROGRAM CANDIDATE-identified class), type in the class title and the alternate salary range (if any) of the “identified class” (parenthetical class) in which the duties are performed.

Example:

CLASSIFICATION TITLE  
LIMITED EXAMINATION AND APPOINTMENT  
PROGRAM CANDIDATE {OFFICE ASSISTANT II-B}

# NOPA SAMPLES

## Section 7.4: Report of Appointment (rev. 05/04)

STATE OF CALIFORNIA		NOTICE OF PERSONNEL ACTION			PERSONNEL SERVICES DIVISION		
ISSUE DATE		REPORT OF APPOINTMENT			ROUTE TO		
EMPLOYEE LAST NAME		FIRST NAME & MIDDLE INITIAL		BIRTHDATE	SEX		
EMPLOYEE ADDRESS				ADDRESS WITHHELD	CO. OF EMPLOYMENT		
DEPARTMENT OF				CLASSIFICATION TITLE			
EFFECTIVE DATE		TYPE OF APPT.		APPOINTMENT STATUS		TIME BASE	
SALARY PER \$	PROBATION PERIOD	PROBATION REPORT DUE			STATE SERVICE	PUBLIC EMPLOYEES RETIREMENT SYSTEM	
		FIRST	SECOND	FINAL		SURV –	RATE
						*SS/MED-	

\*Item reflects:

SS/MED – Yes (Employee is subject to social security/medicare)

SS/MED – No (Employee is not subject to social security/medicare)

Medicare –

<b>STATE OF CALIFORNIA</b>	<b>NOTICE OF PERSONNEL ACTION</b>		<b>PERSONNEL SERVICES DIVISION</b>
<b>ISSUE DATE</b>	<b>REPORT OF APPOINTMENT</b>		<b>PAGE 2</b>
			<b>XXXX</b>
EMPLOYEE LAST NAME	FIRST NAME & MIDDLE INITIAL	BIRTHDATE	SEX
<p>THIS IS YOUR OFFICIAL APPOINTMENT AS SUBMITTED BY YOUR DEPARTMENT AND ENTERED ON YOUR OFFICIAL EMPLOYMENT HISTORY RECORD. PLEASE SIGN AND RETURN THE ORIGINAL TO YOUR DEPARTMENT PERSONNEL OFFICE WITHIN 10 WORKING DAYS.</p> <p>YOUR SIGNATURE CERTIFIES THAT TO THE BEST OF YOUR KNOWLEDGE YOU HAVE PROVIDED YOUR DEPARTMENT WITH COMPLETE AND FACTUAL INFORMATION NECESSARY FOR A PROPER APPOINTMENT; AND THAT YOU INTEND TO SERVE IN THIS CLASS, TENURE, LOCATION AND OTHER ELEMENTS OF THIS APPOINTMENT AS REFLECTED ON THIS DOCUMENT; AND YOU WILL MAKE A REASONABLE ATTEMPT TO SEEK CORRECTION OF ANY ASPECT OF THIS APPOINTMENT THAT YOU KNOW IS ILLEGAL.</p> <p>THE INFORMATION AS SHOWN ON THIS DOCUMENT IS ASSUMED CORRECT UNLESS YOU NOTIFY YOUR DEPARTMENT PERSONNEL OFFICE IN WRITING OF ERRORS WITHIN 30 CALENDAR DAYS FORM ISSUE DATE. ANY CHANGE IN SALARY OR CIVIL SERVICE STATUS IS SUBJECT TO STATE PERSONNEL BOARD APPROVAL. *</p> <p>Employee signature _____ Date _____</p>			

\* The last sentence is not printed for exempt employees.



<b>STATE OF CALIFORNIA</b>		<b>NOTICE OF PERSONNEL ACTION</b>		<b>PERSONNEL SERVICES DIVISION</b>	
				<b>ROUTE TO</b>	
<b>ISSUE DATE</b>		<b>REPORT OF MISCELLANEOUS CHANGE</b>			<b>XXXX</b>
EMPLOYEE LAST NAME	FIRST NAME & MIDDLE INITIAL				
EMPLOYEE ADDRESS			ADDRESS WITHELD		
DEPARTMENT OF			CLASSIFICATION TITLE		
EFFECTIVE DATE	TYPE OF CHANGE	TIME BASE	SALARY	PER	
			\$		

<b>STATE OF CALIFORNIA</b>	<b>NOTICE OF PERSONNEL ACTION</b>	<b>PERSONNEL SERVICES DIVISION</b>
<b>ISSUE DATE</b>	<b>REPORT OF MISCELLANEOUS CHANGE</b>	<b>PAGE 2</b>
		<b>XXXX</b>
<b>EMPLOYEE LAST NAME</b>	<b>FIRST NAME &amp; MIDDLE INITIAL</b>	
<p style="text-align: center;">THIS IS YOUR OFFICIAL APPOINTMENT AS SUBMITTED BY YOUR DEPARTMENT AND ENTERED ON YOUR OFFICIAL EMPLOYMENT HISTORY RECORD. PLEASE SIGN AND RETURN THE ORIGINAL TO YOUR DEPARTMENT PERSONNEL OFFICE WITHIN 10 WORKING DAYS.</p> <p style="text-align: center;">THE INFORMATION AS SHOWN ON THIS DOCUMENT IS ASSUMED CORRECT UNLESS YOU NOTIFY YOUR DEPARTMENT PERSONNEL OFFICE IN WRITING OF ERRORS WITHIN 30 CALENDAR DAYS FORM</p> <p>Employee signature _____ Date _____</p> <p><small>*Miscellaneous Change Transaction Codes 126, 405, 505, and 545 require employee signature. All other transactions do not require a signature</small></p>		

STATE OF CALIFORNIA		NOTICE OF PERSONNEL ACTION		PERSONNEL SERVICES DIVISION	
ISSUE DATE		REPORT OF SEPARATION		ROUTE TO	
				XXXX	
EMPLOYEE LAST NAME		FIRST NAME & MIDDLE INITIAL			
EMPLOYEE ADDRESS		ADDRESS WITHHELD			
DEPARTMENT OF		CLASSIFICATION TITLE			
EFFECTIVE DATE	SEPARATION TYPE	APPOINTMENT STATUS	TIME BASE		
SALARY PER	STATE SERVICE				
\$					

<b>STATE OF CALIFORNIA</b>		<b>PERSONNEL SERVICES DIVISION</b>	
<b>NOTICE OF PERSONNEL ACTION</b>			
<b>ISSUE DATE</b>		<b>REPORT OF SEPARATION</b>	
		<b>PAGE 2</b> <b>XXXX</b>	
<b>EMPLOYEE LAST NAME</b>	<b>FIRST NAME &amp; MIDDLE INITIAL</b>		
<p>THIS SUBSTANTIATES THE SEPARATION INFORMATION AS ENTERED ON THE OFFICIAL EMPLOYMENT HISTORY RECORD. INFORMATION SHOWN ON THIS DOCUMENT IS ASSUMED CORRECT. IF NOT, NOTIFY THE DEPARTMENTAL PERSONNEL OFFICE IN</p>			