

EMPLOYEE PAYMENT HISTORY REQUEST

PSD-003 (Rev. 01/22)

INSTRUCTIONS

1. All applicable fields must be completed before submission to the State Controller's Office.
2. Complete sections 1-4.
3. Requests from Human Resources (HR) offices should be submitted via the ConnectHR Upload feature.
4. Completed requests from other than HR offices, should be sent via encrypted email to ReportingOperations@sco.ca.gov.
5. If you do not have access to ConnectHR or encrypted email, mail this completed form to the address above.
6. For questions regarding your request, please email: ReportingOperations@sco.ca.gov

Note for department HR offices: If requesting data for pay that was issued by a different department/facility, then the employee's signature is required in section 4.

Section 1 — Employee Information

Full Name	Full Social Security Number	Date of Request
-----------	-----------------------------	-----------------

Section 2 — Requestor Information


Full Name	Phone Number	Email Address	
Department Name		Facility Name (if applicable)	
Street	City	State	ZIP Code

Section 3 — Pay History Information


Pay Period(s) Needed	
From:	Through:
Reason for Request	

Option (Select only one)	Description
<input type="checkbox"/> Employer Certification	Request is for CalPERS Service Credit Purchase
<input type="checkbox"/> Standard	Provides most of the pay history data displayed on Payment History/POIS Payment Detail screen.
<input type="checkbox"/> Detailed	Provides data stated above, in addition to miscellaneous deduction and accounts receivable data displayed on the Payment History/POIS Miscellaneous Deductions screen.

Section 4 — Authorizing Signature(s)

Requestor Signature <i>I certify, under the penalties of perjury, the above information is true and that I am the employee or an authorized representative for the herein named state agency.</i> 	Date
--	------

- ☐ Employee has worked for the requesting department and/or facility for all of the requested pay periods.
If not, please have the employee also sign the form to allow the State Controller's Office to provide pay history data from other departments and/or facilities other than the requesting agency.

Employee Signature <i>I certify, under the penalties of perjury, the above information is true and that I approve the State Controller's Office to provide the requested data to the Requestor indicated above.</i> 	Date
--	------