

State Controller's Office

Personnel Action Manual

Section 2

PAR Items, Lines 1 - 7

Rev. 10/2022



Table of Contents

Section 2.20: ITEM 005 – SEQUENCE NUMBER (Revised 10/21)	6
Section 2.21: ITEM 010 – DOCUMENT PROCESSING NUMBER (Revised 10/21)	7
Section 2.22: ITEM 015 – ROUTE TO DEPARTMENT OF (Revised 10/21)	8
Section 2.23: ITEM 105 – SOCIAL SECURITY NUMBER (Revised 10/21)	9
Section 2.24: ITEMS 110, 111 – EMPLOYEE’S LAST NAME, FIRST NAME, MIDDLE INITIAL (Revised 11/08)	10
Section 2.24: ITEMS 110, 111 – EMPLOYEE’S LAST NAME, FIRST NAME, MIDDLE INITIAL [CONTINUED] (Revised 10/21)	11
Section 2.25: ITEM 120 – AGENCY (Revised 10/21)	12
Section 2.26: ITEM 121 – UNIT (Revised 10/21)	13
Section 2.27: ITEM 122 – CLASS (Revised 10/21)	14
Section 2.28: ITEM 123 – SERIAL (Revised 10/21)	15
Section 2.29: ITEM 124 – DEPARTMENT CODE (Revised 10/21)	16
Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 09/03)	17
Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 09/03)	18
Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 09/03)	19
Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 09/03)	20
Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 10/21)	21
Section 2.30: ITEM 130 – COUNTY CODE (Revised 03/99)	22
Section 2.30: ITEM 130 – COUNTY CODE [CONTINUED] (Revised 10/21)	23
Section 2.31: ITEM 135 – OTHER POSITION (Revised 10/21)	24
Section 2.32: ITEM 140 – BIRTH DATE (Revised 10/21)	25
Section 2.32.1: Item 142 – OPEB CBID (Revised 10/21).....	26
Section 2.33: ITEM 145 – ANNIVERSARY DATE (Revised 09/21)	28
Section 2.34: ITEM 205 – TRANSACTION CODE (Revised 11/86)	29
Section 2.35: ITEM 210 – EFFECTIVE DATE AND HOURS (Revised 11/08)	30
Section 2.35: ITEM 210 – EFFECTIVE DATE AND HOURS [CONTINUED] (Revised 07/22)	31
Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (Revised 12/12)	32
Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS [CONTINUED] (Revised 12/21)..	33
Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (Revised 12/12)	34
Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS [CONTINUED] (Revised 07/22)..	35

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS [CONTINUED] (Revised 07/22)..	36
Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (PERSONNEL OPERATIONS ONLY ENTRIES) (Revised 12/12).....	37
Section 2.38: ITEM 305 – ACTUAL RATE (Revised 06/85).....	38
Section 2.39: ITEM 306 – TOTAL SALARY (Revised 06/85)	39
Section 2.40: ITEM 310 – SALARY PER (Revised 07/83).....	40
Section 2.41: ITEM 315 – PAY FREQUENCY (Revised 11/09)	41
Section 2.42: ITEM 320 – BASED ON SALARY (Revised 02/97)	42
Section 2.42: ITEM 320 – BASED ON SALARY [CONTINUED] (Revised 02/97)	43
Section 2.43: ITEM 325 – PLUS SALARY/EXPIRATION DATE OF PLUS SALARY (REVISED 12/21).....	44
Section 2.44: ITEM 330 – ANNIVERSARY DATE (Revised 11/95).....	45
Section 2.45: ITEM 335 – ALTERNATE RANGE (Revised 05/90)	46
Section 2.46: ITEM 340 – PAYROLL STATUS (Revised 05/84)	47
Section 2.47: ITEM 345 – SHIFT DIFFERENTIAL (Revised 05/11).....	48
Section 2.47: ITEM 345 – SHIFT DIFFERENTIAL [CONTINUED] (Revised 05/11).....	49
Section 2.48: ITEM 350 – SPECIAL PAY (Revised 08/88).....	50
Section 2.48.1: ITEM 351 – ESTABLISHED EARNINGS [CONTINUED] (Revised 12/21).....	51
Section 2.48.1: ITEM 351 – ESTABLISHED EARNINGS [CONTINUED] (Revised 08/05).....	52
Section 2.48.2: ITEM 352 – ESTABLISHED EARNINGS [CONTINUED] (Revised 11/90).....	53
Section 2.49: ITEM 355 – WWG (Revised 02/86)	54
Section 2.50: ITEMS 356/357 – HIRING FREEZE STATUS CODE/FINANCE APPROVAL DATE (Revised 03/02)	55
Section 2.51: ITEM 405 – TIME BASE (Revised 05/22).....	56
Section 2.52: ITEM 410 – APPOINTMENT TENURE (Revised 05/22)	57
Section 2.53: ITEM 415 – NUMBER OF MONTHS (Revised 03/15).....	58
Section 2.53: ITEM 415 – NUMBER OF MONTHS [CONTINUED] (Revised 05/22)	59
Section 2.54: ITEM 416 – APPOINTMENT EXPIRATION (Revised 03/00).....	60
Section 2.54: ITEM 416 – APPOINTMENT EXPIRATION [CONTINUED] (Revised 05/22)	61
Section 2.55: ITEM 425 – CERTIFICATION NUMBER (Revised 05/22)	62
Section 2.55.1: ITEM 426 – TYPE OF LIST/EXEMPT STATUS (Revised 02/97).....	63
Section 2.55.1: ITEM 426 – TYPE OF LIST/EXEMPT STATUS [CONTINUED] (Revised 02/97)	64
Section 2.55.1: ITEM 426 – TYPE OF LIST/EXEMPT STATUS [CONTINUED] (Revised 05/22)	65
Section 2.56: ITEM 430 – PROBATIONARY PERIOD (Revised 12/21)	66
Section 2.56: ITEM 430 – PROBATIONARY PERIOD [CONTINUED] (Revised 05/22)	68
Section 2.57: ITEM 435 – MCR APPROVAL (Revised 02/93)	69
Section 2.57: ITEM 435 – MCR APPROVAL [CONTINUED] (Revised 05/22)	70

Section 2.58: ITEM 440 – SEX (Revised 05/22)	71
Section 2.59: ITEM 445 – ETHNIC ORIGIN (Revised 03/22)	72
Section 2.60: ITEM 450 – PRIOR STATE SERVICE (Revised 05/22)	73
Section 2.61: ITEM 455 – DISABILITY CODE (Revised 10/22)	74
Section 2.61: ITEM 455 – DISABILITY CODE [CONTINUED] (Revised 05/22).....	75
Section 2.62 ITEM 505 – Account Code Index (Revised 05/21)	76
Section 2.62: ITEM 505 – ACCOUNT CODE INDEX [CONTINUED] (Revised 05/21).....	79
Section 2.62: ITEM 505 – ACCOUNT CODE INDEX [CONTINUED] (Revised 05/21).....	83
Section 2.64: ITEM 510 – MEMBERSHIP EFFECTIVE DATE (Revised 10/82)	84
Section 2.65: ITEM 515 – SAFETY MEMBER (Revised 07/84)	85
Section 2.66: ITEM 520 – SURVIVORS BENEFITS (Revised 05/93)	86
Section 2.67: ITEM 525 – SS/MED MEMBER (Revised 05/93)	87
Section 2.68: ITEM 530 – RETIREMENT RATE (Revised 05/93)	88
Section 2.69: ITEM 535 – EXEMPT AUTHORITY (Revised 08/11)	89
Section 2.70: ITEM 540 – PERMANENT STATUS (Revised 02/86)	90
Section 2.71: ITEM 545 – OATH/NON-CITIZEN (Revised 05/97)	91
Section 2.72: ITEM 550 – MEDICAL CLEARANCE (Revised 05/94)	92
Section 2.73: ITEM 555 – FINGERPRINT (Revised 10/83)	93
Section 2.74: ITEM 560 – PROFESSIONAL LICENSE (Revised 10/84)	94
Section 2.75: ITEM 565 – JOB INCURRED INJURY (Revised 02/03)	95
Section 2.76: ITEM 603 – REASON FOR SEPARATION (Revised 04/15)	96
Section 2.76: ITEM 603 – REASON FOR SEPARATION [CONTINUED] (Revised 04/15)	97
Section 2.76: ITEM 603 – REASON FOR SEPARATION [CONTINUED] (Revised 04/15)	98
Section 2.78: ITEM 605 – PAY PERIOD (Revised 10/84)	99
Section 2.79: ITEM 606 – TIME TO BE PAID (NEW) (Revised 02/22)	100
Section 2.79: ITEM 606 – TIME TO BE PAID (NEW) [CONTINUED] (Revised 11/09)	101
Section 2.79: ITEM 606 – TIME TO BE PAID (NEW) [CONTINUED] (Revised 11/09)	102
Section 2.80: ITEM 607 – TIME TO BE PAID (OLD) (Revised 08/87)	103
Section 2.80: ITEM 607 – TIME TO BE PAID (OLD) [CONTINUED] (Revised 08/87).....	104
Section 2.81: ITEM 615 – PAY IMMEDIATELY (Revised 05/08)	105
Section 2.82: ITEM 620 – LUMP SUM TO BE PAID (Revised 05/05)	106
Section 2.82: ITEM 620 – LUMP SUM TO BE PAID [CONTINUED] (Revised 05/05).....	107
Section 2.82: ITEM 620 – LUMP SUM TO BE PAID [CONTINUED] (Revised 05/05).....	108
Section 2.82: ITEM 620 – LUMP SUM TO BE PAID [CONTINUED] (Revised 05/05).....	109
Section 2.83: ITEM 625 – LUMP SUM EXTRA HOURS (Revised 09/03)	111

Section 2.83: ITEM 625 – LUMP SUM EXTRA HOURS [CONTINUED] (Revised 09/03)..... 112

Section 2.84: ITEM 630 – LUMP SUM PAYMENT CODE (Revised 09/03) 113

Section 2.85: ITEM 635/636 – LUMP SUM UNIT/SERIAL (Revised 03/02) 114

Section 2.86: ITEM 645 – SEPARATION EXPIRATION DATE AND HOURS (Revised 11/05)..... 115

Section 2.87: ITEM 655 – FIXED MAINTENANCE (Revised 11/86)..... 116

Section 2.88: ITEM 705 – TOTAL STATE SERVICE (Revised 11/88) 117

Section 2.89: ITEM 710 – INTERMITTENT DATES AND HOURS (Revised 08/05)..... 118

Section 2.89: ITEM 710 – INTERMITTENT DATES AND HOURS (CONTINUED) (Revised 08/05)
..... 119

Section 2.89: ITEM 710 – INTERMITTENT DATES AND HOURS (CONTINUED) (Revised 08/05)
..... 120

Section 2.89: ITEM 710 – INTERMITTENT DATES AND HOURS [CONTINUED] (Revised 08/05)
..... 121

Section 2.90: ITEM 715 – SERVICE PAY PERIOD (Revised 05/22)..... 122

Section 2.91: ITEM 720 – SPECIAL PLUS (Revised 08/97) 123

Section 2.92: ITEM 725 – REEMPLOYMENT LIST CLASS (Revised 11/91) 124

Section 2.93: ITEM 728 – LOG NUMBER (Revised 02/86)..... 125

Section 2.94: ITEM 730 – REEMPLOYMENT LIST ELIGIBILITY (Revised 11/91) 126

Section 2.95: ITEM 735 – REEMPLOYMENT SENIORITY SCORE (Revised 02/86)..... 127

Section 2.96: ITEM 740 – CONDITIONS OF EMPLOYMENT (Revised 02/86)..... 128

Section 2.20: ITEM 005 – SEQUENCE NUMBER (Revised 10/21)

Description: This item indicates the order in which PARs are to be processed when more than one PAR is submitted for an employee simultaneously.

Required: When submitting a PAR transaction package.

Enter: On each PAR enter the page number of the particular PAR and the total number of PARs in the package.

All transaction packages must be sequentially numbered in effective date order with the earliest effective date first.

Example: Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005	SEQUENCE NUMBER	1	OF	3
010	DOCUMENT PROCESSING NUMBER			

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
105	110	111	120	121	122	123		130	135	140	MMDDYYYY	142	

Section 2.21: ITEM 010 – DOCUMENT PROCESSING NUMBER (Revised 10/21)

Description: Identifies the number of personnel actions processed for an employee.

A separate set of Document Processing Numbers (DPN) will be assigned to each position held by an employee.

Required: On Padded PARs

Enter:

- For an employee new to the data base OR additional position new to the data base, enter four numeric zeros (0000).
- For PARs in a current transaction package, enter one number higher than DPN shown on preceding transaction.
- For Padded PARs in an Out-of-Sequence package enter 9999.

Additional Information: Each time a Turnaround PAR is issued, a new Document Processing Number (DPN) will print.

Only the document with the latest Document Processing Number (DPN) will be accepted by Personnel Operations.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER OF
010 DOCUMENT PROCESSING NUMBER

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
105	110	111	120	121	122	123	124	125	126	130	135	140 MM/DD/YYYY	142

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER OF
010 DOCUMENT PROCESSING NUMBER

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
105	110	111	120	121	122	123	124	125	126	130	135	140 MM/DD/YYYY	142

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER OF
010 DOCUMENT PROCESSING NUMBER

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
105	110	111	120	121	122	123	124	125	126	130	135	140 MM/DD/YYYY	142

Section 2.22: ITEM 015 – ROUTE TO DEPARTMENT OF (Revised 10/21)

Description: COMPUTER GENERATED ONLY

Name of the organizational unit to which the PAR will be sent by Personnel Operations. This information will be based on employee's current position number unless otherwise specified by agency requesting duplicate PAR.

Example: Turnaround PAR

STATE OF CALIFORNIA

PERSONNEL ACTION REQUEST

PRINT CLEARLY – MAKE NO ENTRIES IN SHADED AREAS

SCO-680(REV-10)		PERSONNEL ACTION REQUEST										005 SEQUENCE NUMBER OF						
FROM:		DOCUMENT PROCESSING NUMBER										ROUTE TO DEPARTMENT OF:						
TO:		010										010						
1		SCO 051										SCO 051						
SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT	CB	COUNTY	OTHER	BIRTH DATE		OPER
105		110			111			120	121	122	123	124	126	130	136	140 MMDDYY		142

Section 2.23: ITEM 105 – SOCIAL SECURITY NUMBER (Revised 10/21)

Description: The number assigned to the employee by the Social Security Administration, or the number assigned to the employee by PPSD until a number is obtained from the Social Security Administration. The Social Security Number is the employee's official identifier and record locator on the data base.

Required:

- On every Form 680-A (Padded PAR); or
- 105 Miscellaneous Change Transaction.

Enter:

- Employee's Social Security Number; or
- If the employee does not have a Social Security Number, enter 'SS5'. (Personnel Operations will assign a temporary number. When the Social Security Number is obtained, report it, even if the employee has separated, using Miscellaneous Change Transaction 105.)

Additional Information:

- Numbers beginning with 9 will not be accepted by the system.
- Miscellaneous Change Transaction 105 is keyed by PPSD only.
- A copy of the **signed** Social Security card must be attached to the 105 PAR Transaction.
- The effective date on the 105 PAR Transaction must be the current date.
- To change a Social Security number or delete an erroneous Social Security number when employee has more than one on the data base, refer to PAM Section 10.9.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____														
010 DOCUMENT PROCESSING NUMBER _____														
MAKE NO ENTRIES IN SHADED AREAS														
1	SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105 123-45-6789	110	111	130	121	122	123			126	130	135	140 MMDDYY	142

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10)

005 SEQUENCE NUMBER _____ OF _____														
010 DOCUMENT PROCESSING NUMBER _____														
ROUTE TO DEPARTMENT OF: _____														
PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS														
1	FROM: SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105 123 45 6789	110	111	120	121	122	123		124	126	130	136	140 MMDDYY	142

Section 2.24: ITEMS 110, 111 – EMPLOYEE’S LAST NAME, FIRST NAME, MIDDLE INITIAL (Revised 11/08)

Description: Identifies employee's name – must agree with the name as it appears on the Social Security Account Number Card and with Employee Action Request (EAR Form STD 686).

Required: ITEM 110 – LAST NAME
On every Padded PAR (Form 680-A)

ITEM 111 – FIRST NAME and MIDDLE INITIAL
On Padded PAR when employee or additional position is new to the data base

Enter: In ITEM 110 – LAST NAME
Enter the employee's legal surname and suffix* or title* **as it appears on the Social Security Account Number card**. Begin entering last name at the beginning of EMPLOYEE LAST NAME field. If applicable:

- Leave one blank space between multiple last names(s) that are not hyphenated.
- Do not use any punctuation except an apostrophe (') or hyphen (-).
- Enter two spaces before a single suffix or title. If using multiple suffixes or titles, leave one space before the first suffix or title and two spaces before the second suffix or title
- Enter single name employees (employees with only one name) in the EMPLOYEE LAST NAME field, tab over to the FIRST NAME AND MIDDLE INITIAL field, and hit the space bar twice.
- Do not enter more than 21 characters (including spaces) for last name.

*Allowable Suffixes and Titles

Valid Suffixes:	Description
CPA	Certified Public Accountant
DDS	Dentist
EDD	Doctor of Education
ESQ	Lawyer
MD	Medical Doctor
MBA	Master of Business Administration
PHD	Doctor of Philosophy
RN	Registered Nurse

Valid Titles	Description
I	First
II	Second
III	Third
IV	Fourth
V	Fifth
VI	Sixth
VII	Seventh
JR	Junior
SR	Senior

Section 2.24: ITEMS 110, 111 – EMPLOYEE’S LAST NAME, FIRST NAME, MIDDLE INITIAL
 [CONTINUED] (Revised 10/21)

Enter: In ITEM 111 – FIRST NAME AND MIDDLE INITIAL
 Enter employee's legal first name and middle initial **as it appears on the Social Security Account Number card**. Begin entering first name at the beginning of FIRST NAME AND MIDDLE INITIAL field. Leave one space between the FIRST NAME AND THE MIDDLE INITIAL. If applicable:

- Do not use nicknames or names which are abbreviated.
- Leave one blank space between multiple names or multiple initials.
- If employee has no first name, enter two spaces.
- Do not use any punctuation except a hyphen (-) between hyphenated first names.
- Do not enter suffixes or titles in the FIRST NAME field.
- Do not enter more than 16 characters (including spaces) for first name and middle initial.

Additional Information: *The employee's name must be entered on EAR and PAR documents exactly as it appears on employee's social security card and as explained in Social Security Administration publication #20-005.

WHEN ADDING ADDITIONAL FEDERAL OR STATE WITHHOLDING AND THE LAST NAME CONTAINS AN APOSTROPHE (') AND/OR HYPHEN (-) THE DOCUMENTATION MUST BE SUBMITTED TO SCO FOR KEYING. DUE TO PAYROLL LIMITATIONS, PAYROLL MUST PROCESS THE ADDITIONAL TAX UPDATES MANUALLY TO PREVENT THE DEDUCTION FROM REJECTING.

Note: The following common name prefixes do not require a hyphen to link them to a name:

BON	LI	VANDER	LAS	STE
DO	MTE	DEL	MAC	VONDER
LF	VANDE	LA	ST	DI
MT	DE	LOS	VON	
VAN	EL	STA	DER	
DA	LO	VER	LE	
DU	SAN	DELA	MC	

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	SAMPLE	KIMBER	120	121	122	123		124	126	130	136	140 MMDDYY	142

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680 (REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

1	FROM:	SAMPLE	KIMBER											
	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	110	111	120	121	122	123		124	126	130	136	140 MMDDYY	142

NAME CHANGE OR CORRECTION must be made by using Employee Action Request (EAR form STD 686), refer to PAM Section 6.

Section 2.25: ITEM 120 – AGENCY (Revised 10/21)

Description: Identifies the department and fund from which salaries are payable.

Required: When employee is first appointed, upon movement between Appointing Powers, or when Agency Code is changing.

Length: 3 characters

Enter: The Agency Code of the position being filled. Agency Codes are listed in the Payroll Procedures Manual, Section B 100.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

MAKE NO ENTRIES IN SHADED AREAS											005 SEQUENCE NUMBER _____ OF _____		
											010 DOCUMENT PROCESSING NUMBER _____		
SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
102	110	111	120	121	122	123		124	126	130	136	140 MMDDYY	142
			051										

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS											005 SEQUENCE NUMBER _____ OF _____			
											010 DOCUMENT PROCESSING NUMBER _____			
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
TO:	105	110	111	120	121	122	123	124	126	130	136	140 MMDDYY	142	
				051										

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS											005 SEQUENCE NUMBER _____ OF _____			
											010 DOCUMENT PROCESSING NUMBER _____			
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
TO:	105	110	111	120	121	122	123	124	126	130	136	140 MMDDYY	142	
				051										
				711										

Section 2.26: ITEM 121 – UNIT (Revised 10/21)

Description: The code assigned by the Agency to identify the Organizational structure of the Agency. May also be used to identify the function, location, or individual attendance reporting station.

Required: When employee is first appointed, or when the Reporting Unit is changing.

Length: 3 characters

Enter: The Reporting Unit Code of the position being filled.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

MAKE NO ENTRIES IN SHADED AREAS											005 SEQUENCE NUMBER _____ OF _____	
											010 DOCUMENT PROCESSING NUMBER _____	
SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
102	110	111	120	121	122	123	124	126	130	135	140 MMDDYY	142
				013								

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

											005 SEQUENCE NUMBER _____ OF _____		
											010 DOCUMENT PROCESSING NUMBER _____		
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
TO:	105	110	111	120	121	122	123	124	126	130	135	140 MMDDYY	142
						013							

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

											005 SEQUENCE NUMBER _____ OF _____		
											010 DOCUMENT PROCESSING NUMBER _____		
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
TO:	105	110	111	120	121	122	123	124	126	130	135	140 MMDDYY	142
						013							
						010							

Section 2.27: ITEM 122 – CLASS (Revised 10/21)

Description: A four-digit code assigned to correspond with the classification title.

Required: When employee is first appointed, or when employee is changing class.

Length: 4 characters

Enter: The Class Code as shown in the Civil Service Pay Scales or the Exempt Pay Scales.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
105	110	111	120	121	122	1128	123	124	126	130	136	140 MMDDYY	142

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

1

FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
TO:	105	110	111	120	121	122	1128	123	124	126	130	136	140 MMDDYY	142

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

1

FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPFB CBID
TO:	105	110	111	120	121	122	5157	123	124	126	130	136	140 MMDDYY	142

Section 2.28: ITEM 123 – SERIAL (Revised 10/21)

Description: The code assigned by the Agency to identify each separate position.

Required: When employee is first appointed, or when serial number is changing.

Length: 3 characters

Enter: The Serial Number of the position (including blanket) being filled.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105	110	111	120	121	122	123	124	125	130	135	140 MMDDYY	142
							003						

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

1

FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
TO:	105	110	111	120	121	122	123	124	126	130	135	140 MMDDYY	142
							003						

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

1

FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
TO:	105	110	111	120	121	122	123	124	126	130	135	140 MMDDYY	142
							021						

Section 2.29: ITEM 124 – DEPARTMENT CODE (Revised 10/21)

Description: A three-digit code assigned by Personnel Operations to agencies with more than one statistical organization. This code is also used to sort PARs and other reports for routing purposes.

Required: For A01-A35 Transactions under the following conditions:

- On a Padded PAR if the department code has been assigned.
- On a Turnaround PAR if the department code in the shaded area is no longer valid.

Length: 3 characters

Enter:

- The Department Code assigned; or
- “000” if no code assigned and the shaded area of the PAR shows a department code.

Additional Information: If there is no assigned code, this item should be left blank when completing a Padded PAR. Code “000” will be computer generated.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

MAKE NO ENTRIES IN SHADED AREAS											005 SEQUENCE NUMBER _____ OF _____	
											010 DOCUMENT PROCESSING NUMBER _____	
SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPES CBID
105	110	111	120	121	122	123	124	126	130	136	140 MMDDYY	142
							010					

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

											005 SEQUENCE NUMBER _____ OF _____		
											010 DOCUMENT PROCESSING NUMBER _____		
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPES CBID
1	105	110	111	120	121	122	123	124	126	130	136	140 MMDDYY	142
								010					

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

											005 SEQUENCE NUMBER _____ OF _____		
											010 DOCUMENT PROCESSING NUMBER _____		
FROM:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPES CBID
1	105	110	111	120	121	122	123	124	126	130	136	140 MMDDYY	142
								000					

Description: Identifies an employee’s collective bargaining status.

VALID VALUES FOR ITEM 126 COLLECTIVE BARGAINING IDENTIFIER

Civil Service Only

Code	Description
R01-R21	RANK AND FILE
S01-S21	SUPERVISORY DESIGNATIONS
M01-M21	MANAGERIAL DESIGNATIONS
C01-C21	CONFIDENTIAL DESIGNATIONS

Exempt/Excluded Designations

Code	Description
E	Classes excluded from SEERA coverage.
E25	Employees whose exclusive representative is mandated by SB14 (Chapter 1273). Satellite Wagering Facility employees.
E50	Exempt employees for which CalHR has salary setting authority.
E88	Supervisory positions within Judicial Council.
E89	Managerial positions within Judicial Council.
E90	Legislators and employees excluded per Proposition 112.
E91	Judges
E92	Constitutional Officers
E97	Employees excluded from collective bargaining who are not designated E, M, S, C, E99, or E98 in the following departments/offices: Department of Personnel Administration, State Controller's Office, Department of Finance, California Medical Assistance Commission, Office of Planning and Research, and Governor's staff; Class Code 9522, 9525, and 9546 in the Department of Industrial Relations; exempt positions/classes in DPA Pay Letter 86-02; and classes listed in DPA Pay Letter 91-31.
E98	Supervisory positions in excluded organizations or employees of the Department of Personnel Administration in the class of Labor Relations. Specialist I (except Legislative Council Bureau).
E99	Exempt and Excluded managerial.

The Following Are Part Of The Mid-Management Reduction Program

Code	Description
E01-E21	M01-M21 managers demoting to rank & file or S01-S21 supervisors demoting to rank & file.
E48	S01-S21 supervisor specialist
E58	M01-M21 managers demoting to supervisors
E59	M01-M21 manager specialist
E67	E98 excluded supervisors demoting to rank & file
E68	E98 excluded supervisor specialist
E77	E99 excluded managers demoting to rank & file
E78	E99 excluded managers demoting to supervisor
E79	E99 excluded manager specialist

Required:

1. For 126 Transaction, or
2. For A01-A22, A30-A35, 120, 405, GEN, or SAL Transaction when:
 - CBID in Item 126 or Line 12 (Employment History shaded area is blank or changing; or
 - employee is in a "split class" (pay scale CBID is U01-U21); or
 - employee is confidential and pay scale CBID is R01-R21; or
 - employee is in Agency Code 300 and pay scale footnote is 29 and pay scale CBID is other than "E97", "E98", or "E99"; or
 - employee is in specific position in Agency Code 051, and pay scale footnote is 29, and pay scale CBID is other than "E97"; or
 - employee is in Agency Code 297, 315, 339, 363, or 430 and pay scale CBID is other than "E97", "E98", "E99"; or
 - employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and pay scale CBID is other than "E01-E21", "E48", "E58", "E59", "E67", "E68", "E77", "E78", or "E79".

DO NOT COMPLETE THIS ITEM ON ANY TRANSACTION EFFECTIVE PRIOR TO 12/02/81

Enter:

- EOF Must be entered when the employee's collective bargaining status is changing AND the pay scale CBID for the class is to be reflected in Item 126. (EOF will delete the old CBID and the computer will generate the pay scale CBID.)
EXCEPTION: When a pay scale CBID is U01-U21, a code must be entered.
- The applicable code when the employee's collective bargaining status is an exception to the pay scale CBID:

Code	Description
C01-C21	<i><u>Confidential</u></i> (Use only if pay scale CBID is R01-R21 or U01-U21.)
E	<i>Excluded from collective bargaining and pay scale CBID is 'NOT' M01-M20, E, E98, or E99; or pay scale CBID is U (Non-Supervisory). (Use only if Agency Code is 315, 339, 363, or 430; or 300, and pay scale footnote is 29, and transaction effective date is <u>between</u> 08/31/85 and 03/01/86.)</i>
E97	<i>Excluded from collective bargaining and pay scale CBID is R01-R21 (Excluded/Exempt). (Use only if Agency Code is 315, 339, 363, 430; or 300, and pay scale footnote is 29, and transaction effective date is <u>on or after</u> 03/01/86; or if Agency Code is 297 and transaction effective date is <u>on or after</u> 01/01/00.)</i> <i>Excluded from collective bargaining and pay scale CBID is R01-R21 (Excluded/Exempt). (Use only if Agency Code is 051 and employee is in specific position and transaction effective date is <u>on or after</u> 01/01/88.)</i>

Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 09/03)

Code	Description
E98	<p><i>Excluded from collective bargaining and pay scale CBID is S or U (Supervisory). (Use only if Agency Code is 315, 339, 363, or 430; or 300 and pay scale footnote is 29; or if Agency Code is 297 and transaction effective date is on or after 01/01/00.)</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is C01 (Confidential). (Use only if Agency Code is 363 and class is 9529 or 9535.)</i></p>
E99	<p><i>Excluded from collective bargaining and pay scale CBID is M01-M21. (Use only if Agency Code is 315, 339, 363, or 430; or 300 and pay scale footnote is 29; or if Agency Code is 297 and transaction effective date is on or after 01/01/00.)</i></p>
E01-E21	<p><i>Rank and File bargaining unit and pay scale CBID is R01-R21 (Rank and File). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p>
E48	<p><i>Excluded from collective bargaining and pay scale CBID is S01-S21 (Non-Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p>
E58	<p><i>Excluded from collective bargaining and pay scale CBID is M01-M21 (Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p>
E59	<p><i>Excluded from collective bargaining and pay scale CBID is M01-M21 (Non-Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p>
E67	<p><i>Excluded from collective bargaining and pay scale CBID is E98 (Rank and File). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is S01-S21 or U01-U21 (Rank and File) and Agency Code is 315, 339, 363, 430, or 300 and pay scale footnote is 29. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is C01 (Rank and File), and Agency Code is 363, and class is 9529 or 9535). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is on or after 06/01/94).</i></p>

Code	Description
E68	<p><i>Excluded from collective bargaining and pay scale CBID is E98 (Non-Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is S01-S21 or U01-U21 (Non-Supervisory), and Agency Code is 315,339,363,430, or 300, and pay scale footnote is 29. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is C01 (Non-Supervisory), and Agency Code is 363, and class is 9529 or 9535. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date <u>on or after</u> 06/01/94).</i></p>
E77	<p><i>Excluded from collective bargaining and pay scale CBID is E99 (Rank and File). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is M01-M21 (Rank and File), and Agency Code is 315, 339, 363, 430, or 300, and pay scale footnote is 29. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p>
E78	<p><i>Excluded from collective bargaining and pay scale CBID is E99 (Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is M01-M21 (Supervisory), and Agency Code is 315, 339, 363, 430, or 300, and pay scale footnote is 29. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p>
E79	<p><i>Excluded from collective bargaining and pay scale CBID is E99 (Non-Supervisory). (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p> <p><i>Excluded from collective bargaining and pay scale CBID is M01-M21 (Non-Supervisory), and Agency Code is 315, 339, 363, 430, or 300, and pay scale footnote is 29. (Use only if employee is in specific position included in the Mid-Management Reduction Program (DPA PML 94-20) and transaction effective date is <u>on or after</u> 06/01/94).</i></p>

Section 2.29.1: ITEM 126 – COLLECTIVE BARGAINING IDENTIFIER (CBID) [CONTINUED] (Revised 10/21)

Code	Description
S	Supervisory (Use only if pay scale CBID is U01-U21 and transaction effective date is prior to 5/2/84.)
S01-S21	Supervisory (Use only if pay scale CBID is U01-U20 and transaction effective date is on or after 5/2/84.)
R01-R21	Rank and File/Bargaining Unit (Use only if pay scale CBID is U01-U21.) If transaction effective date is prior to 8/30/85 enter if Agency Code is 590 and pay scale footnote is 29.

Additional Information: Employees' collective bargaining status will also print in the CBID column of Line 12 – Employment History.

CBID now prints in Item 126 for ALL employees. However, prior to 08/02/82, only exception to the pay scale CBID printed in this item.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105	110	111	120	121	122	123	124	E98	126	130	140 MMDDYY	142

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST

SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

FROM: _____

1	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105	110	111	120	121	122	123	124	E98	126	130	140 MMDDYY	142

TO: _____

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST

SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

FROM: _____

1	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105	110	111	120	121	122	123	124	E98	126	130	140 MMDDYY	142
									EOB				

TO: _____

Section 2.30: ITEM 130 – COUNTY CODE (Revised 03/99)

Description: Identifies the county in which the employee works.

Required:

- For A01-A03, A30, and A32-A35 Transactions when employee is new or returning to State service with no history on data base; or
- For A31 Transaction if Agency Code is other than 003; or
- For 130 Transaction; or
- When County Code is changing.

Length: 2 characters

Enter: The appropriate code:

01 Alameda	32 Plumas
02 Alpine	33 Riverside
03 Amador	34 Sacramento
04 Butte	35 San Benito
05 Calaveras	36 San Bernardino
06 Colusa	37 San Diego
07 Contra Costa	38 San Francisco
08 Del Norte	39 San Joaquin
09 El Dorado	40 San Luis Obispo
10 Fresno	41 San Mateo
11 Glenn	42 Santa Barbara
12 Humboldt	43 Santa Clara
13 Imperial	44 Santa Cruz
14 Inyo	45 Shasta
15 Kern	46 Sierra
16 Kings	47 Siskiyou
17 Lake	48 Solano
18 Lassen	49 Sonoma
19 Los Angeles	50 Stanislaus
20 Madera	51 Sutter
21 Marin	52 Tehama
22 Mariposa	53 Trinity
23 Mendocino	54 Tulare
24 Merced	55 Tuolumne
25 Modoc	56 Ventura
26 Mono	57 Yolo
27 Monterey	58 Yuba
28 Napa	60 Out of State
29 Nevada	61 Chicago, Illinois
30 Orange	62 New York, New York
31 Placer	70 Outside U.S.A.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

MAKE NO ENTRIES IN SHADED AREAS														
1	SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	105	110	111	120	121	122	123	124	126	130	34	135	140 MMDDYY	142

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST

PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS														
SCO-680(REV-10)														
1	FROM: SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	TO: 105	110	111	120	121	122	123	124	126	130	34	135	140 MMDDYY	142

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST

PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS														
SCO-680(REV-10)														
1	FROM: SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
	TO: 105	110	111	120	121	122	123	124	126	130	37	135	140 MMDDYY	142

Section 2.31: ITEM 135 – OTHER POSITION (Revised 10/21)

Description: This item is used by departments when appointing an employee to an additional position.

Required: When first reporting an appointment to an additional position on a Padded PAR (Form 680-A).

Length: 1 character

Enter: "X"

Additional Information: An "X" appears on the Turnaround PAR when an employee has or had more than one Civil Service, Exempt, or CSU position on the Employment History Data Base.

All other positions held by an employee will be identified in Line 12, Employment History. Inactive positions will be printed with an "S" preceding the position identification.

Example:

Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

MAKE NO ENTRIES IN SHADED AREAS

1													
SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	POSITION NUMBER	UNIT	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
100	110	111	120	121	122	123					X	140 MMADDYY	142

005	SEQUENCE NUMBER		OF	
010	DOCUMENT PROCESSING NUMBER			

Section 2.32: ITEM 140 – BIRTH DATE (Revised 10/21)

Description: Indicates the employee’s legal birth date.

Required: For A01, A02, A03, A30, and A32-A35. Transactions when employee is new or returning to State service with no history on the data base.

Length: 6 characters

Enter: The numeric month, day, and year (MM/DD/YY) of birth.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 680A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
105	110	111	120	121	122	123		124	126	130	136	03/06/61	142

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

FROM: SOCIAL SECURITY# EMPLOYEE LAST NAME FIRST NAME AND MIDDLE INITIAL

TO: 105 110 111

AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
120	121	122	123		124	126	130	136	03/06/61	142

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

FROM: SOCIAL SECURITY# EMPLOYEE LAST NAME FIRST NAME AND MIDDLE INITIAL

TO: 105 110 111

AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER CBID
120	121	122	123		124	126	130	136	03/05/61	142

Description: COMPUTER GENERATED ONLY

This item identifies an employee’s eligibility for OPEB (Other Post-Employment Benefit) contributions. Note: You can refer to the OPEB CBID FAQ document on the SCO.ca.gov website for further processing details.

Effective 01/31/19, OPEB CBID is computer generated only* on all appointment transactions and the 120, 126 and 405 miscellaneous transactions. For all other transactions, the value in OPEB CBID will behave similarly to other non-allowable data items when processing corrects, voids or out of sequence transactions.

OPEB eligibility is defined by CalHR Policy, Judicial Council Policy and Collective Bargaining Memoranda of Understanding.

- If an employee is not eligible for OPEB, OPEB CBID will reflect ‘NON’.
- If an employee is eligible for OPEB, OPEB CBID will resemble an Employee CBID value.

In most cases, OPEB CBID for eligible employees will be equal to Employee CBID. Exceptions to this include:

- As defined by CalHR, the ‘Additional Exempt and Excluded Classifications Prefunding OPEB with a Bargaining Unit’, for which a link exists at <http://hrmanual.calhr.ca.gov/Home/ManualItem/1/1422>. This group includes specific class codes for which the employee’s Employee CBID is equal to E97, E98 or E99 where OPEB CBID is aligned with bargaining unit 5, 6, 7 or 8.
- Employees in class code 0011 and M99 Employee CBID have an OPEB CBID equal to M01.
- Specific CEA employees for which their OPEB eligibility is aligned with a specific bargaining unit.
 - This determination is made at the time the CEA appointment is approved for a small number of employees. When this occurs, departments must either submit a 126 transaction or the CEA appointment transaction to PPSD. See the OPEB CBID FAQ document for details.

Example:

1. Padded PAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
PERSONNEL ACTION REQUEST
 STD. 880A (REV. 01/2021)

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____

MAKE NO ENTRIES IN SHADED AREAS

SOCIAL SECURITY NUMBER	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
100	110	111	120	121	122	123		124	126	130	136	140 MMDDYY	142
													R01

2. Turnaround PAR

STATE OF CALIFORNIA
PERSONNEL ACTION REQUEST
 SCO-680(REV-10) PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER _____ OF _____
 010 DOCUMENT PROCESSING NUMBER _____ ROUTE TO DEPARTMENT OF: _____

SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	POSITION NUMBER	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
105	110	111	120	121	122	123		124	126	130	136	140 MMDDYY	142
													NON

3. Turnaround PAR – Change/Update/Corrections

STATE OF CALIFORNIA

PERSONNEL ACTION REQUEST

005	SEQUENCE NUMBER	OF
010	DOCUMENT PROCESSING NUMBER	ROUTE TO DEPARTMENT OF:
		016

SCO-680(REV-10)		PRINT CLEARLY - MAKE NO ENTRIES IN SHADED AREAS												
1	FROM:	SOCIAL SECURITY#	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT	CE	COUNTY	OTHER	BIRTH DATE	NON
	TO:	105	110	111	AGENCY	UNIT	CLASS	SERIAL	CODE	ID	CODE	POSITION	MMDDYY	TYPE
					120	121	122	123	124	126	130	136	140	142

→ R01

Section 2.33: ITEM 145 – ANNIVERSARY DATE (Revised 09/21)

Description: This item is no longer used. Effective 01/31/19, it was replaced by Item 142, OPEB CBID. Prior to 1/31/19, the information shown in this item was the same as in Item 330, Anniversary Date.

Section 2.34: ITEM 205 – TRANSACTION CODE (Revised 11/86)

Description: The code used to identify the type of transaction being reported.

Required: FOR ALL TRANSACTIONS

Length: 3 characters

Enter: The appropriate Transaction Code. Transaction Codes are listed in the following PAM sections:

- Appointment Transaction Codes: Sections 3.3-3.5
- Miscellaneous Change Transaction Codes: Sections 3.100-3.103
- Separation Transaction Codes: Sections 3.200-3.202

Additional Information: Only one Transaction Code may be entered on each PAR.

Inactive and redefined Transaction Codes are listed in PAM Section 2, Line 12 – Employment History.

Example:

1. Padded PAR

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	ESTABLISHED EARNINGS	IND	ID
	A01								
	205	210	MMDDYY	215	351				

2. Padded PAR

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	ESTABLISHED EARNINGS	IND	ID
	S01								
	205	210	MMDDYY	215	351				

3. Padded PAR

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	ESTABLISHED EARNINGS	IND	ID
	GEN								
	205	210	MMDDYY	215	351				

Section 2.35: ITEM 210 – EFFECTIVE DATE AND HOURS (Revised 11/08)

Description: Identifies the effective date of the transaction. When the “Hours” column is blank the effective date will be:

- Appointment, Miscellaneous Change, and S85 Transactions are effective “BOB”;

AND

- Separation Transactions (except S85, S49, and S50 for SDI) are effective “COB”.

Required: EFFECTIVE DATE is required for ALL transactions.

HOURS is required under these conditions:

- Appointment or Miscellaneous Change Transaction for NEGATIVE ATTENDANCE employee is effective *other than BOB*;

OR

- S49 Transaction
- S50 Transaction (for SDI)
- S85 Transaction is effective other than BOB;

OR

- Separation Transaction (except S85) for NEGATIVE ATTENDANCE employee is effective other than COB.

Enter: EFFECTIVE DATE – (MM/DD/YY)

HOURS – If required, enter the number of hours (and tenths of hours if any) employed, BOB, or COB.

Note: Information in shaded area of “HOURS” column will not carry forward into the next transaction. If shaded area “HOURS”:

- Do not apply on next transaction, do not delete them;

OR

- Still apply on next transaction, they must be re-entered.

Separations following an S49 Transaction and Non-Industrial Disability is to be paid for the day of separation and the effective date must be changed to the next day “BOB”. The date after the 7-day waiting period for SDI benefits has been satisfied – **must enter BOB** on S50.

Additional Information: FOR CONSECUTIVE S50 TRANSACTIONS, for State Disability Insurance (SDI) leave due to Separation Reason Code, Item 603, status changes, the effective date must be “BOB” of the date of the FMLA/CFRA status change, and not later than the Separation Expiration Date, Item 645, on the original S50 Transaction placing the employee in SDI.

Note: Future Pay Period Separations and Salary Change Transactions should not be key entered until after monthly payroll cutoff for the pay period immediately prior to the separation pay period. Refer to Personnel Letter 01-006.

Appointment Transactions cannot be entered on the data base earlier than the effective date.

Miscellaneous Change cannot be entered on the data base earlier than the pay period in which effective.

EXCEPTIONS: Miscellaneous Transactions MSA, SIS, GEN, SAL, and 350 can be entered prior to the effective date if following a separation that has been entered. These transactions should not be key entered until after monthly payroll cutoff for the pay period immediately prior to the separation pay period. Refer to Personnel Letter 01-006.

Note: MSA and SIS Transactions can only be entered with an effective date of the first day of the pay period following a separation if the month of separation qualifies the employee for her/his MSA or SISA and the employee has been certified to receive the salary adjustment.

The following appointments can be entered on the data base any time during the pay period of the effective date:

- Appointments effective after an expiring appointment; or
- Mandatory Reinstatements effective after an Adverse Suspension.

The turnaround PAR will not show a new effective date for 105, 315, 440, 455, and 705 Transactions.

Example:

Appointed 10:00 (8 to 5 shift)

1. Padded PAR

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	IND	ID	IND	ID
	205	12/21/88	6		215	351				

2. Turnaround PAR

FROM	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS				ESTABLISHED EARNINGS					
2		11/21/14	6		IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
TO	205	215	215	215	351						352			

Separated 9:30 (8 to 5 shift)

3. Turnaround– Change/Update/Corrections

FROM	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS				ESTABLISHED EARNINGS					
2		11/21/14	6		IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
TO	205	215	07/01/14 1.5	215	351						352			

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (Revised 12/12)

Description: Used by the appointing power and Personnel Operations for informational purposes. Information entered in this item will turnaround in Line 12, Employment History.

Length: A total of 20 characters and spaces are available for entry. Personnel Operations’ entries have priority over the appointing power’s entries. Abbreviations may be used for entries in this item.

Required:	Condition:	Enter:	Add’l Info in Section:	Rev Date:
All Transactions	<p>Departments are delegated the authority to backdate transactions beyond three years to their <u>Date of Entitlement</u> without prior review/approval by the Personnel Services Branch (PSB) at CalHR. Departments must document the basis for each Date of Entitlement request, and retain the documentation for review. (PML 2007-026 – Effective 09/25/07)</p> <p>*A Court Decision is regarded as a Date of Entitlement and does <u>not</u> require CalHR approval. (<u>Exception:</u> Adverse Action – 5.70-5.71)</p>	PML 2007-026	2.203, 5.99, 3.108, 9.4, 9.6.1, 9.6.2, Glossary	03/15
All Transactions	Account Code change over three years involving money. A stamped approval on written request from the CalPERS Membership Review Unit.			03/15
A01	<p>Initial appointment for Career Executive Assignment if:</p> <ul style="list-style-type: none"> • Employee had prior permanent Civil Service status • Employee was employed by the legislature for 2 or more consecutive years • Employee held a nonelected exempt position(s) in the executive branch for 2 or more years 	SB 1472		12/12

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS [CONTINUED] (Revised 12/21)

Required:	Condition:	Enter:	Add'l Info in Section:	Rev Date:
A01 or A02	Limited Examination and Appointment Program Candidate	Indicate employee is in a Limited Examination and Appointment (LEAP) serving a Job Examination Period (JEP) and the length of the Job Examination Period in months. Example: LEAP – 12 month JEP. Or if the JEP is being extended, indicate the extension of the JEP. Example: LEAP – 12 month JEP (extended).	7.3	10/21
A01 or A02	Class Title and Casual Employment Class	Subtitle (Abbr. titles)		11/12
A01 or A02	Emergency Appointment for Short Duration of Work	SHORT DURATION		11/12
A01 or A02	Emergency Appointment for Acting Assignment	ACTING ASSIGNMENT		11/12
A01 or A02	Emergency Appointment for extreme emergency	EMERGENCY		11/12
A01 or A02	Extension of Limited Term Appointment Assignment	GC Section 19080.4	2.20	11/12
A01 or A02	Retired Annuitant appointed under the provisions of GC Section 21228 (Tenure R) to a permanent position. A02 for reinstatement or an A01 for list appointment.	GC Section 21228		11/12
A01 or A02	For Appointment Transaction when employee has Multiple Hourly Rates in excess of \$99.99. (Any MHR in excess of \$99.99 must be sent to SCO/PPSD for processing)	955: _-____.---	2.143	12/12
A01 or A02	Employee excluded from the Part-Time, Seasonal, and Temporary (PST) Retirement Plan	Excluded from PST	2.63	12/12

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (Revised 12/12)

Required:	Condition:	Enter:	Add'l Info in Section:	Rev Date:
A03 and A02 (package)	Terminating Career Executive Assignment and applying reinstatement rights to: A03 – former position and A02 – a class in which employee has eligibility	CCR 548.151 CCR 548.152 or CCR 548.153(e) whichever is applicable		12/12
A03	Blanketing employee into State service	Blanket and abbreviation of organization	3.40	12/12
A03	State of California to assume work previously performed by a county, city, federal department or agency, or public district	CALHRLTR __-__-__ CBAGR (YR - LTR#)		12/12
A03	Termination of Career Executive Assignment and employee refuses position (this constitutes an active waiver)	CCR 548.153(e)(2)		12/12
A03	Termination of Career Executive Assignment and employee is placed on a reemployment eligibility list (Items 725 and 730 must be completed)	CCR 548.153(f)(1)		12/12
A04	Indicating the SPB Rule authorizing the temporary assignment: <ul style="list-style-type: none"> • Interjurisdictional Exchange – CCR 427 • Training Assignment – CCR 438 • Meet Compelling Management needs – CCR 442 • Returning Injured Employees – CCR 443 	CCR # ___ as Class Code	3.46, 5.50, PMPPM Section 340.14	12/12
A01-A03, A22 or A32	Effective date is Saturday, Sunday, or holiday and not a shift agency	EE WKD MM/DD/YY		12/12
A01, A02, A03, S01-S95, or 565	Full-time employee whose work schedule is other than 8 hrs per day. (Example: four 10-hour days per week)	ALT WORK SCHED		12/12
A01, A02, A03, S01-S95, or 565	Fractional time base employee whose work schedule is other than the daily number of hours per time base. (Example: ½ time 8 hrs per day for two weeks per month)	ALT WORK SCHED		12/12

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS [CONTINUED] (Revised 07/22)

Required:	Condition:	Enter:	Add'l Info in Section:	Rev Date:
A20 or A21	Indicating the CalHR Pay Letter approving the reallocation or split off.	CALHR PAY LTR#		12/12
A31	Date Oath of Office taken	OATH DT MM/DD/YY		12/12
SPC OR S49	Employee <u>is</u> participating in the Annual Leave Program and/or approved for Family Care Leave.	A/L and/or NDI-FCL	5.30.1, 5.32	12/12
S50	Lessening impact of layoff and Item 603 is Code 26	LES LAYOFF IMPAC	2.76	12/12
S56	Employee exhausts the maximum temporary disability but not declared permanent and stationary or returned to work. Per L/C 4656 (c)(1) or (2)	TD CAP NOT P/S		12/12
215	Overpayment of separated employee.	PAYMENT DUE DEPT	5.46	11/07
215	Lump sum over 99 days 999 hours	<u>Total</u> vacation, annual leave, and PLP time prior to converting – <u>Example</u> : LSV = 345D7H	2.82	11/07
215	Appointment OR correction to an appointment due to information received from CalPERS	Per CalPERS	2.20	11/07
215	Eligible employee elects to change from IDL to IDL/S during an open enrollment period	IDS/S 957 13-B	5.34, 5.35, 5.36	12/12
325	Annual salary adjustment for elected official	ANNUAL SAL ADJ	3.110	11/07
325	Recruitment Premium Pay for Class 8398	RECRUITMENT PAY or RECRUIT PAY		11/07
340	Employee elected 10/12 plan option but is not entitled to 12 months of pay	10/12 DOCK or 10/12 LATE START	2.46	11/07
350	For newly established premium pay <u>and</u> the Established Earnings Identifier is NOT listed in Section 2.48.1 or 2.48.2. Indicate the CalHR Pay Letter establishing the premium pay	CALHR PAY LTR #		11/07
405	EDD employee decreasing time base as a result of participation in Voluntary Time Income Tradeoff Program	V-TIME APPT	3.120	11/07
505	CalPERS letter: Election of 1 st or 2 nd tier change	ELECTED TIER CHANGE		07/22

Required:	Condition:	Enter:	Add'l Info in Section:	Rev Date:
505	CalPERS letter: Election of optional membership (Legislative EE)	OPT MEMBER		07/22
505	CalPERS letter: Election to remain subject to Miscellaneous Retirement	SAF TO MISC		07/22
505	CalPERS letter: Election of Retirement System	RET SYS ELECT		07/22
565C	Indicating payment of waiting period	WAITING PER PD	5.36	11/07
565* or 215*	Reporting intervening activity	INTERVENING ACT (SEE NOTE)	5.36	11/07
565	Indicating eligibility for Enhanced IDL – PAR Item 957 is completed with Code 13-A	ENHANCED IDL	5.36	11/07
715	A non-qualifying pay period resulting from a temporary or permanent separation for more than 11 consecutive working days which fall between two consecutive pay periods	DOC BETWN 2 PP	2.90	11/07
715	Employee on Federally Funded WCTD (CCC employees only).	FEDERAL WCTD	5.29, 5.33	11/07
Various Transactions: Item 955	Item 955, Multiple Hourly Rate (MHR): When hourly rate is greater than \$99.99, document the rate in Remarks, Item 215, using the format referenced in the instructions for Item 955 (PAM 2.143), e.g., 955: B – 102.15			11/12
MHR	For appointment transaction when employee has multiple hourly rates in excess of \$99.99. (Any MHR in excess of \$99.99 must be sent to SCO/PPSD for processing)	955: _-_-_-_-_-	2.143	12/12
MSA or SIS	Reporting carryover hours (<u>HOURS AND TENTHS OF HOURS</u>). Not used if employee is going to MAX	C/O HRS _____	2.89	11/07
MSA	Permanent separation	MSA FOR SEP EE	3.142	11/07
MSA	Separation to deny MSA for lump sum only	LUMP SUM ONLY	3.142	11/07
PUN	Indicating last day PUN salary is in effect	Thru (MM/DD/YY)	5.70	11/07
SAL	CPA or CPS Certificate	CALHR APPROVED, CPA OR CALHR APPROVED, CPS	5.98	12/12

*Recommended but not required.

Note: Intervening activity is when an employee is on and off IDL sporadically in a pay period.

Section 2.36: ITEM 215 – EMPLOYMENT HISTORY REMARKS (PERSONNEL OPERATIONS ONLY ENTRIES)
(Revised 12/12)

PERSONNEL OPERATIONS **ONLY** ENTRIES

CONDITION	ENTER
When prior State service is under a different name for employee new to the data base.	AKA Previous Last Name
For employees being appointed to a class with a Fire Mission Rate. Item 215 will always computer generate "Fire Mission Rate". Any other entry made by the appointing power will be stored on the data base and is available upon request.	FIRE MISSION RAT
For certain mass updates (i.e., "Converted MM/DD/YY).	MASS UPDATE OR CONV MM/DD/YY
When processing transactions related to illegal appointment.	ILL APPT GC 19257

Example:

1. Padded PAR

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	ESTABLISHED EARNINGS	IND	ID
	205	210 MM/DD/YY		C/O HRS 125	351				

2. Turnaround PAR

2	FROM	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
	TO	205	210	C/O HRS 125	351									

3. Turnaround PAR – Change/Update/Corrections

2	FROM	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
	TO	205	210	C/O HRS 120	351									

Section 2.38: ITEM 305 – ACTUAL RATE (Revised 06/85)

Description: COMPUTER GENERATED ONLY

This salary represents the actual monthly, fraction of monthly, daily, hourly, yearly, or unit base rate of pay. It also reflects fire mission pay, if applicable.

Example:

1. Padded PAR

3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	308 TOTAL SALARY	310	315	320	321	320	MM/DD/YY	330 MM/YY	335	340	345	350	355	356	MMDDYY

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	2104.00					MM/DD/YY								MM/DD/YY

Section 2.39: ITEM 306 – TOTAL SALARY (Revised 06/85)

Description: COMPUTER GENERATED ONLY

This is the total of actual rate, plus salary, monthly shift differential, special plus, and special pay. Total salary is the same as Gross Salary Rate or Off Standard Salary Rate as shown on the Payroll Warrant Register, Form CD-38.

Example:

1. Padded PAR

305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSJ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		310	315	320	321	322	MM/DD/YY	330	MM/YY	338	340	345	350	355	MM/DD/YY
3	306 TOTAL SALARY														

2. Turnaround PAR

FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAYLETTER#	EXPIRATION DATE
		310	315	320	321	MM/DD/YY	330	338	340	345	350	355	358	MM/DD/YY
3	TOTAL SALARY													
	TO 2104.00													

Section 2.40: ITEM 310 – SALARY PER (Revised 07/83)

Description: Identifies employee’s salary rate as monthly, daily, hourly, yearly, or other.

Required: When employee is first appointed, or when Salary Per rate is changing.

Length: 1 character

Enter: The appropriate code:

Code	Description
M	Month
D	Day (or visit or meeting when paid by the day)
H	Hour
Y	Year
U	Unit (for other than fraction of a cent)
O	Other (use this code for piece work salary in fraction of a cent or if Item 320 – Based on Salary, shows “MAINT” or zero.)

Example:

1. Padded PAR

305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
309	TOTAL SALARY	M													
		310	315	320	321	325	MM/DD/YY	330	MM/YY	335	340	345	350	355	MMDDYY

2. Turnaround PAR

FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
3	TOTAL SALARY	M												
TO		310	315	320	321	MM/DD/YY	330	335	340	345	350	355	356	MMDDYY

3. Turnaround PAR – Change/Update/Corrections

FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
3	TOTAL SALARY	M												
TO		H	315	320	321	MM/DD/YY	330	335	340	345	350	355	356	MMDDYY

Section 2.41: ITEM 315 – PAY FREQUENCY (Revised 11/09)

Description: Identifies the payroll pay period.

Required: When employee is first appointed, or when the Pay Frequency is changing.

Length: 1 character

Enter: The appropriate code:

Code	Description
M	Monthly
S	Semi-Monthly
Y	Yearly
B	Bi-Weekly
O	Other (includes employees whose salary is zero or MAINT)

EXCEPTION: When appointing Retired Annuitant, Emergency, LT, or TAU by Immediate Pay Appointment, complete this item with “M” regardless of the normal pay frequency of the position; except if no salary, enter “0”.

Example:

1. Padded PAR

305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNI. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
308	TOTAL SALARY		M												
		310	315	320	321	322	MM/DD/YY	330	MM/YY	335	340	345	350	355	MMDDYY

2. Turnaround PAR

FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
3	TOTAL SALARY		M											
		312	314	320	322	MM/DD/YY	330	332	340	342	350	352	355	MM/DD/YY

3. Turnaround PAR – Change/Update/Corrections

FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
3	TOTAL SALARY		M											
		312	314	320	322	MM/DD/YY	330	332	340	342	350	352	355	MM/DD/YY
TO			S											

Section 2.42: ITEM 320 – BASED ON SALARY (Revised 02/97)

Description: Identifies the rate on which the employee’s salary is based.

Required: When reporting a *new* rate on:

- Appointments
- MSA and SIS Transactions for Governor’s Office or General Services trade rate employees only. BASED ON SALARY WILL BE COMPUTER GENERATED FOR ALL OTHER EMPLOYEES.
- 335, MHR, GEN, PUN, or SAL Transactions.

Enter: The salary rate established for the class as shown in the Civil Service Pay Scales, Exempt Pay Scales, or Trade Rate. (Do not consider time base.)

EXCEPTIONS:

- Enter the actual hourly or per visit rate for the following classes:
 7565 Physician and Surgeon II – Intermittent
 8981 Institution Firefighter – Part Time
 9917 Catholic Chaplain – Intermittent
 9920 Jewish Chaplain – Intermittent
 9923 Protestant Chaplain – Intermittent
- For Exempt Appointment when the yearly salary rate is paid monthly, enter a monthly rate.
- For class 9476 – Foster Grandparent, enter four zeroes (0000). (Payment issued through the claims process.)

Additional Information: If salary is full dollar amount, do not show decimal or zeros for cents. Leading zeros are not required.

Examples:	Amount	Enter
Monthly Rate	\$565.00	565
Hourly Rate	2.50	2.50
Unit or Other (cents)	.25	.25
Unit or Other (fraction)	2-1/4	.0225
Variable Pay Schedule		0000
No Salary/No Maintenance		0000

The Based on Salary will be included in the total salary shown in Item 306 on the Turnaround PAR.

The area to the right of the vertical dashed line is for entry of the GSI (General Salary Increase) Alpha Code “O”. The code must only be used when instructed by Personnel/Payroll Services Division.

Section 2.42: ITEM 320 – BASED ON SALARY [CONTINUED] (Revised 02/97)

Example:

1. Padded PAR

305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
306	TOTAL SALARY			2104	0										

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		TOTAL SALARY			2104.00	0									
	TO														

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		TOTAL SALARY			2209	0									
	TO														

Section 2.43: ITEM 325 – PLUS SALARY/EXPIRATION DATE OF PLUS SALARY (REVISED 12/21)

Description: Identifies an authorized additional rate of pay granted to the employee.

Required: For the following transactions when employee is first appointed; or when shaded area is blank, changing, or no longer applies:

- A01-A03 and A10-A22 Transactions when hiring above minimum rate of pay; or
- A01-A03 and A10-A22 Transactions when granting “Red Circle Rates”; or
- Annual salary adjustment for elected officials (325 Transaction); or
- GEN Transaction as provided by CALHR Salary Resolution; or
- Miscellaneous Change Transactions 335, PUN, and SAL.

Enter: In “Plus Salary” box:

- Only the monthly amount of the authorized additional rate of pay.
- For the one-time adjustment of the annual salary for elected officials. The amount (Annual Salary Rate) minus (Monthly Salary Rate x 12) should total less than 11 cents. This “325” Transaction is initiated by Personnel Operations.
- For LEAP employees, enter the monthly amount of the authorized premium pay.
ØEOF – deleting plus salary.

In “Expiration Date” box:

- Date (MM/DD/YY) of expiration; or
- INDEF if there is no expiration date; or
- *EOF – deleting expiration date.

Additional Information: The plus salary will be included in the total salary shown in Item 306 on the Turnaround PAR.

Note: The entire item must be completed whenever an entry is made.

Example:

1. Padded PAR

	3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		306 TOTAL SALARY					27	INDEF								
			310	315	320	321	325	MM/DD/YY	330	MM/YY	335	340	345	350	355	MMDDYY

2. Turnaround PAR

	3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAYLETTER#	EXPIRATION DATE
							27.00	INDEF								
		TOTAL SALARY														
		TO						MM/DD/YY								MM/DD/YY

3. Turnaround PAR – Change/Update/Corrections

	3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAYLETTER#	EXPIRATION DATE
							27.00	INDEF								
		TOTAL SALARY					ØEOF	*EOF								
		TO						MM/DD/YY								MM/DD/YY

Section 2.44: ITEM 330 – ANNIVERSARY DATE (Revised 11/95)

Description: Indicates:

- The pay period when an employee will be eligible for a Merit Salary Adjustment (MSA) or Special In-grade Salary Adjustment (SISA); or
- No salary adjustment can be determined or due.

Required: When reporting a new anniversary date on:

- Appointments
- MSA and SIS Transactions for Governor’s Office employees only. (Anniversary Date will automatically be computer generated for all others.)
- Other Miscellaneous Change Transactions.

Enter: One of the following:

- MM/YY: For month and year of anniversary date (e.g., 06/86).
- MAX
 - When Based on Salary for the action being reported is maximum for the class; or
 - When CEA employee’s salary equals or exceeds that of CEA supervisor on same level. CALHR written approval must be obtained.
- NONE: When anniversary date is not determinable or if there is no anniversary date.

Additional Information: When establishment of anniversary date is discretionary with the department for a TAU in lieu of permanent appointment, substantiation for entry of “NONE” must be on file with the appointing power.

Note: Do not change anniversary date on MSAC transaction when denying an MSA.

Example:

1. Padded PAR

3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TOTAL SALARY						MM/DD/YY	05/00							MM/DD/YY

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY					MM/DD/YY	05/00							MM/DD/YY

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY					MM/DD/YY	05/01							MM/DD/YY

Section 2.45: ITEM 335 – ALTERNATE RANGE (Revised 05/90)

Description: An alphabetic or numeric code denoting the salary range when a class has more than one range.

Required:

- For appointment to a class that has more than one range when employee is new to data base or shaded area is blank or changing; or
- When reporting an alternate range change.

Enter: The letter or number for the range as shown in the Civil Service Pay Scales (including Range A).

Additional Information: The computer will automatically delete the range if employee moves to a class with no ranges.

EXCEPTION: Range Z must be deleted manually by entering an asterisk (*).

A separate 335 Transaction may be required with an effective date the same as an existing transaction in Line 12, when specified in the alternate range criteria.

Example:

1. Padded PAR

3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSJ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	309 TOTAL SALARY								A						

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	A	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		TOTAL SALARY													
	TO														

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	A	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
		TOTAL SALARY							B						
	TO														

Section 2.46: ITEM 340 – PAYROLL STATUS* (Revised 05/84)

Description: This item denotes the reason an employee is off the payroll. Currently, the only valid reason to use Transaction Code 340 is when the 10 month employee did not elect 10/12 pay plan option or the 10/12 employee is not entitled to a full 12 months of payment due to numerous docks or a late start. Time off payroll under Miscellaneous Transaction 340 is qualifying for State service benefits.

Required: On 340 Transactions when:

- Employee did not elect 10/12 pay plan option, or
- Employee did elect 10/12 pay plan option but is not entitled to 12 full months of payment due to numerous docks or a late start.

Length: 1 character

Enter: “X” for 10/12 leave per CCR 599.667.

Additional Information: Entries in the shaded area of this item will be deleted by the computer when processing a 341, 565, or Separation Transaction.

*This item was originally titled “FLSA”. The title on the PAR was changed to reflect “Payroll Status” with the 10/76 revision.

Example:

1. Padded PAR

3	306 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	306 TOTAL SALARY	310	315	320	321	325	MM/DD/YY	330	MM/YY	335	X	345	350	355	356

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	X	345	350	355	356

* This item was originally titled “FLSA”. The title on the PAR was changed to reflect “Payroll Status” with the 10/76 revision.

Section 2.47: ITEM 345 – SHIFT DIFFERENTIAL (Revised 05/11)

Description: A code which indicates the employee is to receive a differential rate for evening or night shift work.

Required:

- For employees assigned to evening or night shift for one full pay period or more. (If shift assignment is less than one full pay period, refer to Payroll Procedures Manual, Section D 300.)
- For transactions in which a change to CBID also results in a change to shift rate.
- When shift differential code in shaded area is changing or no longer applies.

Enter: For transactions effective on and after 08/01/89, the following codes apply:

If employee's shift is:	Enter Code:
Evening	E *1
	G R04 (Class 1120 only, eff. 11/2/10)
	R S14 (Class 7222 only)
Night	N
	H R04 (Class 1120 only, eff. 11/0/10)
	S S14 (Class 7222 only)
To be deleted	*

For transactions effective on 07/01/82 through 07/31/89, the following codes apply:

If employee's shift is:	And Employee's CBID is:	Enter Code:
Evening	R09	E
	R01, R03, R04, R10-R15, R17, R19, & R20	G
	R18 or S14 & Class Code 7222	R *2
	C, E, M, or S (except C06, M06, or S06)	K *3
Night	R09	N
	R01, R03, R04, R10-R15, R17, R19, & R20	H
	R06, R07, R18, or S14 & Class Code 7222	S
	C, E, M, or S	L
To be deleted	One of the above	*

Employee is not eligible for shift differential if CBID is R02, R05, R08, or R16.

*1. BU15 not eligible for Shift Code E after 12/31/89.

*2. Evening Shift Differential Code "R" is used on transactions effective 07/01/82 through 11/30/85 for CBIDs R06 and R07.

*3. Evening Shift Code "K" is used on transactions effective 07/01/82 through 11/30/85 for CBIDs C06, S06, and M06.

All collective bargaining designations for transactions effective PRIOR to 07/01/82, the following codes apply:

If employee's shift is:	Enter Code:
Evening	E
Night	N
To be deleted	*

Additional Information: The differential rate will be computer generated and included in Item 306 – Total Salary, on the Turnaround PAR.

This item **MUST NOT** be completed on 126, 335, 345, and SAL transactions **UNLESS** the transaction is effective the first day of the pay period.

This item **MAY** be completed on other appropriate Appointment or 120, 405, or GEN Transactions regardless of the effective date.

10/12 pay plan employees are not eligible for shift differential pay for the two non-working months each year. PARs must be documented to reflect ineligibility of differential pay for those two months.

Example:

1. Padded PAR

3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	308 TOTAL SALARY	310	315	320	321	320	MM/DD/YY	330	MM/YY	335	340	E	350	355	356

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAYLETTER#	EXPIRATION DATE
	TO	TOTAL SALARY	310	315	320	321	MM/DD/YY	330	335	340	345	E	350	355	356

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAYLETTER#	EXPIRATION DATE
	TO	TOTAL SALARY	310	315	320	321	MM/DD/YY	330	335	340	N	350	355	356	MM/DD/YY

Section 2.48: ITEM 350 – SPECIAL PAY (Revised 08/88)

Description: Denotes if the employee is on or off fire mission status or if the employee receives various range salary.

Required:

- For employees who are on fire mission status or receive various range salary
- When Special Pay Code shown in shaded area no longer applies.

Enter: The applicable codes are:

Code	Description
F	On Fire Mission Status
N	On Non-Fire Mission Status
V	Various Range Salary or **Brand Inspector: Intermittent (0304); Indeterminent (0303) Physician & Surgeon II: Intermittent (7565) Retired Annuitant: (no provision in pay scales for special rates approved by Board of Control – copy of Board of Control letter must be attached to the PAR)
*	Deleting Special Pay Code

Example:

1. Padded PAR

3	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GS/ CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	306 TOTAL SALARY	310	315	320	321	325	MM/DD/YY	330 MM/YY	335	340	345	F	350	355	MM/DD/YY

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	F	WWG	PAYLETTER#	EXPIRATION DATE
		TOTAL SALARY										SPECIAL PAY			
	TO		310	315	320	321		MM/DD/YY	330	335	340	345	350	355	MM/DD/YY

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	F	WWG	PAYLETTER#	EXPIRATION DATE
		TOTAL SALARY										*			
	TO		310	315	320	321		MM/DD/YY	330	335	340	345	350	355	MM/DD/YY

** Although this class was abolished in 1986, this information might be needed for Out-of-Sequence processing.

Description: Denotes if the employee is to receive premium pay based on:

- duties being performed
- worksite location
- job-related certifications
- physical fitness performance

Up to three premium pays can be maintained in Item 351 for an employee.

Required: For employees who are eligible for premium pay(s) **OR** when Earnings ID shown in shaded area no longer applies.

Enter: The applicable codes are:

ESTABLISHED EARNINGS INDICATOR

In “IND” box enter:

- L — Adding or changing Established Earnings ID
- * — Deleting Established Earnings ID

ESTABLISHED EARNINGS IDENTIFIER

In “ID” box enter (up to 4 characters)

EOF — Deleting Established Earnings ID

Refer to the [California Department of Human Resources \(CalHR\)](#) Civil Service Pay Scale for Established Earnings IDs.

1. HR Net LOGON
2. Documents and Information
3. Pay Differentials
 - By Number
 - By Bargaining Unit

Additional Information:

- Three premium pays are allowed in Item 351. If an employee is eligible to receive more than three premium pays, it is recommended that the premium pays representing the greater compensation be maintained on Employment History. All other premium pays must be processed by payroll document.
- 10/12 pay plan employees are not eligible for bilingual pay for the two non-working months each year. PAR documentation must be processed to reflect ineligibility of bilingual pay for those two months.
- Do not tab or space between indicator (IND) and ID: Key as one (e.g., L8B or *EOF).
- The amount for all premium pays will be computer generated and included in the Total Salary shown in Item 306 on the Turnaround PAR.
- The Established Earnings Indicator, Identifier, and Amount will turnaround in the shaded area of line 9 on the PAR.
- When established Earning ID Code 8B, 8B2, 8B3, 8H2, OR 8X1 (Unit 05 only) is entered, the approved Form 300-897 must be on file with the appointing power for DPA audit purposes. See Line 10 – Completing Charts. (2.201).

Example:

1. Padded PAR – Adding Executive Assistant Pay and Bilingual Pay

2	TRANSACTION CODE	DATE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	IND	ID	IND	ESTABLISHED EARNINGS	IND	ID
	205		210 MM/DD/YY		L	8X2	L	8B		

2. Turnaround PAR

2	FROM				ESTABLISHED EARNINGS				ESTABLISHED EARNINGS				
	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	L	8X2	L	8B					

3. Turnaround PAR – Change/Update/Corrections – Deleting Bilingual Pay

2	FROM				ESTABLISHED EARNINGS				ESTABLISHED EARNINGS				
	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	L	8X2	L	8B	*	EOF			

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional:

Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections

Section 2.49: ITEM 355 – WWG (Revised 02/86)

Description: The work week group assigned to the class.

Required: At the discretion of the department; however, entry must be valid for the class. If a valid WWG for the class is not entered, the item must be left blank or deleted if it no longer applies.

Enter:

- The valid code shown in the Civil Service Pay Scales; or
- “NONE” if no work week group is assigned; or
- *EOF to delete the invalid code for the class.

Example:

1. Padded PAR

3	305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	306	TOTAL SALARY											2		

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY													

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PR. STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY											1		

Section 2.50: ITEMS 356/357 – HIRING FREEZE STATUS CODE/FINANCE APPROVAL DATE (Revised 03/02)

Note: Item 356/357 will continue to be reflected as Pay Letter #/Expiration Date on the Padded/Turnaround PARs and the line screens.

Description: Indicates the Hiring Freeze Status Code and Department of Finance approval date per the statewide hiring freeze effective October 23, 2001.

Reference:

- Executive Order D-48-01
- Management Memo 01-21
- Department of Finance Budget Letter 01-43

Required: For A01, A02, A04, A09, and 405 Transactions with an effective date of 10/23/01 or later.

Note: Entry is always required for the above transactions even if the information shown on the update screen is not changing.

Enter: In Hiring Freeze Status Code box:

- NO-HF — If not subject to the hiring freeze pursuant to Management Memo 01-21; or
- NO-EX — If excluded from the hiring freeze pursuant to Management Memo 01-21; or
- XA-PP — Subject to the hiring freeze pursuant to Management Memo 01-21 with Department of Finance approval of a hiring freeze exemption; or
- *EOF — To delete Hiring Freeze Status code

In Finance Approval Date box: Only required when XA-PP is entered in the Hiring Freeze Status Code.

Date (MM/DD/YY) — Department of Finance approved the hiring freeze exemption; or
 *EOF — To delete Department of Finance approval date.

Note: Entry must be made for the above transactions regardless of information showing on the update screen.

Prior to 10/23/01, Item 356/357 was used to document reallocation of work week group. This process was discontinued effective 08/31/00 when all work groups were redefined.

Example:

1. Padded PAR

3	305	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	GSI CODE	PLUS SALARY	EXPIRATION DATE	ANNIV. DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	308	TOTAL SALARY													XA-PP	02/01/02

2. Turnaround PAR

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY												XA-PP	02/01/02

3. Turnaround PAR – Change/Update/Corrections

3	FROM	ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE	ANNI DATE	ALTERNATE RANGE	PR STATUS	SHIFT DIFF	SPECIAL PAY	WWG	XA-PP PAY LETTER #	EXPIRATION DATE
	TO	TOTAL SALARY												NO-HF	*EOF

Section 2.51: ITEM 405 – TIME BASE (Revised 05/22)

Description: Identifies time base by code or part-time fraction.

Required: When employee is first appointed, or when time base is changing.

Enter: The appropriate code:

FT — Full Time

INT — Intermittent

*IND — Indeterminate

XXX/XXX — Part-Time Fraction (e.g., 1/2, 32/75)

*Applicable only for Exempt employees or Civil Service employees in the Brand Inspector classification (Class Code 0303).

Additional Information: When submitting Miscellaneous Change Transaction 405 or if time base is changing due to a new appointment, consider the following:

Non-Member in PERS

- Does this time base change qualify the employee for membership in PERS?
- If employee is now eligible for PERS under the new time base, enter the appropriate code in Item 505 – Account Code.

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE
405	410	415	416 MM/DD/YY			425	426	430 MM/DD/YY	435		MM/DD/YY	440	445	450 455
001/002														

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE
405	410	415	416			425	426	430 MM/DD/YY	435		MM/DD/YY	440	445	450 455	
001/002															
TO:															

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE
405	410	415	416			425	426	430 MM/DD/YY	435		MM/DD/YY	440	445	450 455	
001/002															
TO:	FT														

Section 2.52: ITEM 410 – APPOINTMENT TENURE (Revised 05/22)

Description: Identifies the tenure of the appointment under which the employee is serving.

Required: When employee is first appointed; or when tenure is changing.

Length: 1 character

Enter: The appropriate code:

Code	Description
P	Permanent, including training assignment and permanent exempt.
L	Limited term or specific period appointment (excluding TAU and exempt).
T	TAU or temporary exempt (including TAU in lieu of permanent or TAU in lieu of limited term).
C	Career Executive Assignment
E	Emergency
R	PERS or STRS Annuitant (employment after retirement without loss of retirement status). This code is used for Retired Annuitants when employee meets conditions of tenure R in addition to another tenure.

Additional Information: When completing this item with “P” and the employee is appointed to a managerial position (employee's CBID is “M” or “M01-M21”), refer to Item 415 – Number of Months, for completion of managerial tenure.

Example:

1. Padded PAR

4	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	P	415	416 MM/DD/YY		425	426	430	MM/DD/YY	435	MM/DD/YY	440	445	450	455

2. Turnaround PAR

4	FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	TO:	405	410	P	415	416		425	426	430	MM/DD/YY	435	MM/DD/YY	440	445	450	455

3. Turnaround PAR – Change/Update/Corrections

4	FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	FORM	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	TO:	405	410	C	415	416		425	426	430	MM/DD/YY	435	MM/DD/YY	440	445	450	455

Section 2.53: ITEM 415 – NUMBER OF MONTHS (Revised 03/15)

Description: This item indicates:

- Number of months of appointment; or
- Time worked is counted on an “Actual Time Worked” basis; or
- Managerial tenure.

Required:

1. For Civil Service appointments with an expiration date or with time worked being counted on an “Actual Time Worked” basis.

EXCEPTIONS:

- Not required for Retired Annuitant appointments.
- Not required for Emergency Appointments unless time is to be counted on an “Actual Time Worked” basis.
2. When employee is permanently appointed to a managerial position (employee CBID is “M” or “M01-M20”) or when managerial tenure is changing.
3. For exempt appointments when required by the salary setting body.
4. When shaded area information no longer applies and the item is allowable.

Enter:

One of the following codes:

Code	Description
P	TAU in lieu of Permanent.
T	Temporary and time to be counted on an “Actual Time Worked” basis.
01-24	The number of months of appointment.
PT	TAU in lieu of Permanent with time to be counted on an “Actual Time Worked” basis.
NM	Non-restricted managerial tenure (appointment subject to the provisions of GC Sections 19570-19588 relating to disciplinary action).
RM	Restricted managerial tenure (appointment subject to the provisions of GC Sections 19590-19593 relating to disciplinary action).
*EOF	Deleting number of months code.

Additional Information:

Per CalHR – Effective June 16, 2007 – 24 Month Maximum on Limited Term (L T) Certification Lists. Departments are delegated the responsibility to make 12 month L T appointments and extend them to 24 months when the statutory requirements have been met. These extensions do not require an additional appointment or recertification. Department should correct the original appointment to extend the L T appointment.

Codes NM and RM do not apply to A04 Transactions.

Report on A02 Transaction to extend an expiration date for an employee on “Actual Time Worked”.

Delete the Item 415 code on an A13 (Reorganization), A20 (Reallocation), or A21 (Split-off) Transaction for an employee on a Training Assignment under GC Section 19050.8 (A04 Transaction). If returning the employee to the training assignment after A 13, A20, or A21 Transaction, re-enter the Item 415 code on the A04 Transaction.

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT.	PROBATIONARY PERIOD CODE	ENDING PERIOD DATE	CODE	FORM	MCR APPROVAL DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
405	410	415	06	416	MM/DD/YY	425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT.	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	FORM	MCR APPROVAL DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
TO:	405	410	416	06	416		425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT.	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	FORM	MCR APPROVAL DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
TO:	405	410	415	EO	416		425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

Section 2.54: ITEM 416 – APPOINTMENT EXPIRATION (Revised 03/00)

Description: Denotes the expiration date of an appointment.

Required:

1. For Appointment having an expiration date.
2. For Emergency Appointment.
3. For Immediate Pay Appointment.
4. For 405 Transaction when expiration date is changing.
5. When shaded area information no longer applies and the item is allowable.

Enter:

In **“DATE”** box:

(MM/DD/YY) of:

- Expiration of Appointment; or
- Expiration date of Emergency Appointment; or
- Last day on pay status for Immediate Pay Appointment.

Example: 9-month TAU Appointment:

- [Appointment Date – 02/08/99]
- [Expiration Date – 11/07/99]

*EOF – Delete date

“HOURS” must be completed when the expiration date is part of a day.

This is only required when the original appointment effective date is part of a day AND the appointment is for the maximum length allowable. In addition, “Hours” must be deleted when no longer valid.

In **“HOURS”** box:

When required, enter the hour derived by deducting number of hours in Item 210 from the number of hours in employee’s shift.

Example: 9-month TAU Appointment – 8-hour shift:

- Appointment effective date 02/09/99 – 3 hours (Item 210)
- Expiration effective 11/08/99 – 5 hours (Item 416)

∅EOF – Delete hours

Additional Information: Report an A02 Transaction to extend an expiration date for an employee on “Actual Time Worked”.

Delete Item 416 date and hour values on an A13 (Reorganization), A20 (Reallocation), or A21 (Split-off) Transaction for an employee on a Training Assignment under GC Section 19050.8 (A04 Transaction). If returning the employee to the training assignment after A13, A20, or A21 Transaction, re-enter the Item 416 date/hours on the A04 Transaction.

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	PROBATIONARY PERIOD ENDING PERIOD	MCR APPROVAL CODE	MCR APPROVAL FORM	MCR APPROVAL DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
405	410	415	03/02/82	1.0		426	430	MMDDYY	435		MM/DD/YY	440	445	450	455

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	APPOINTMENT EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	PROBATIONARY PERIOD ENDING DATE	MCR APPROVAL CODE	MCR APPROVAL FORM	MCR APPROVAL DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	416	03/02/82	1.0		426	430	MMDDYY	435		MM/DD/YY	440	445	450	455

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	APPOINTMENT EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	PROBATIONARY PERIOD ENDING DATE	MCR APPROVAL CODE	MCR APPROVAL FORM	MCR APPROVAL DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	416	03/02/82	1.0		426	430	MMDDYY	435		MM/DD/YY	440	445	450	455
TO:				* EOF	Ø EOF											

Section 2.55: ITEM 425 – CERTIFICATION NUMBER (Revised 05/22)

Description: This item indicates:

- Number assigned to the Civil Service eligibility list from which employee is being appointed; or
- Entitlement information for A30, A31, or A35 Exempt Appointment.

Required: For A01, A30, A31, and A35 Transactions when:

- Employee is new to data base; or
- Shaded area is blank or changing; or
- Shaded area information still applies **and** Agency Code is changing. (Information must be re-entered due to system problem.)

Enter: For Civil Service Employees:

- *Certification Number* from eligibility list, (e.g., A456345, 10002PN, 1126SF, 4870NT, 1128, etc.). Leave out dashes between numeric and alpha characters; or

For Exempt Employees:

- The entitlement which specifically authorizes the exempt position. (Leave out periods, dashes, etc.); or
- *EXCONT* to indicate exempt contract for California Conservation Corps Exempt Appointment.

Example:

1. Padded PAR

4	TIME BASE 405	APPT. TENURE 410	# MOS 415	APPOINTMENT EXPIRATION DATE 416 MM/DD/YY	HOURS	CERT. # 425 A456345	TYPE OF LIST OR EXMT STAT 428	PROBATIONARY PERIOD CODE 430	ENDING PERIOD MM/DD/YY	CODE	MCR APPROVAL FORM 435	DATE MM/DD/YY	SEX 440		445	PRIOR STATE SERVICE 450	DISABILITY CODE 455
---	------------------	---------------------	--------------	---	-------	-------------------------------	----------------------------------	---------------------------------	---------------------------	------	--------------------------	------------------	------------	--	-----	----------------------------	------------------------

2. Turnaround PAR

4	FROM: TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX		445	PRIOR STATE SERVICE	DISABILITY CODE
	TO: 405	410	415	416		425	428	430	MM/DD/YY	435	MM/DD/YY	440	445	450	455		

3. Turnaround PAR – Change/Update/Corrections

4	FROM: TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX		445	PRIOR STATE SERVICE	DISABILITY CODE
	TO: 405	410	415	416		425	428	430	MM/DD/YY	435	MM/DD/YY	440	445	450	455		

Description:

- For Civil Service Employees, indicates type of certification list from which appointed.
- For Exempt Employees, indicates whether or not employee is eligible for PERS Membership.

Required:

1. For A01 Transaction when:
 - Tenure is P, L, C, or R (list appointment);
 - Information in shaded area is no longer valid.
2. For A30, A31, A32, or A33 Transactions when Exempt Authority Code (Item 535) is C, D, E, F, or M.

Enter: For Civil Service Employees, one of the following:

Code	Description
C	CEA Roster
1	Subdivisional Reemployment
2	Departmental Reemployment
3	General Reemployment
4	Subdivisional Promotional
5	Departmental Promotional
6	Multi-Departmental Promotional
7	Service Wide Promotional
8	Preferred Limited Term
9	Open
Blank	For non-testing or TAU. (If a code is shown in the shaded area, delete as shown.)
*	Deleting type of list.

For Exempt Employees, the appropriate code as shown below:

Code	Description
M	<i>Mandatory</i> – Must be a PERS Member if and when employee meets normal PERS eligibility requirements.
O	<i>Optional</i> – Eligible to elect PERS Membership if and when employee meets normal PERS eligibility requirements.
N	<i>Not Eligible</i> – For PERS Membership

Enter:

If Exempt Authority Code (Item 535) is:	Enter:
C	<ul style="list-style-type: none"> • M, or • O – If employee was either: <ul style="list-style-type: none"> ♦ An elected official; or ♦ Appointed by an elected official. • N – If employee was either: <ul style="list-style-type: none"> ♦ Appointed as a Retired Annuitant under GC Section 19144 subject to GC Section 21224; or ♦ If elected to a Judgeship.
D	<ul style="list-style-type: none"> • M – If employee was either: <ul style="list-style-type: none"> ♦ Appointed by the Governor AND was nominated for office, or ♦ Not appointed by the Governor. • O – If employee was appointed by the Governor <i>without</i> being nominated for office. • N – If employee was appointed as a Retired Annuitant under GC Section 19144 subject to GC Section 21224.
E	<ul style="list-style-type: none"> • M – If employee was not appointed by the Governor. • O – If employee was appointed by the Governor. • N – If employee was appointed a Retired Annuitant under GC Section 19144 subject to GC Section 21224.
F	<ul style="list-style-type: none"> • M – If employee was appointed by the Governor AND was nominated for office. • O – If employee was either: <ul style="list-style-type: none"> ♦ Appointed by the Governor without being nominated for office; or ♦ Appointed by the Lieutenant Governor. • N – If employee is appointed to: <ul style="list-style-type: none"> ♦ CAL ESTEEM Project Specialist II (Class 09260); or ♦ To a Judgeship.
M	<ul style="list-style-type: none"> • M – If employee was either: <ul style="list-style-type: none"> ♦ Appointed by the Legislative Counsel; or ♦ Appointed by the Public Utilities Commission. • O – If employee was appointed by the Attorney General. • N – If employee was appointed as a Retired Annuitant under GC Section 19144 subject to GC Section 21224.

Additional Information: For all other exempt categories, this code will be computer generated (on Appointment and Miscellaneous Change Transactions) as follows:

M— Will print if Exempt Authority Code (Item 535) is B, G, H, I, L, or R.

O — Will print if Exempt Authority Code (Item 535) is A, K, or S.

N — Will print if employee is appointed by the California Conservation Corps or if Exempt Authority Code (Item 535) is J.

ANY EXCEPTIONS to the above must be approved by PERS.

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
405	410	415	416 MM/DD/YY		425	9	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	416		425	9	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	416		425	9	430	MM/DD/YY	435		MM/DD/YY	440	445	450	455

Section 2.56: ITEM 430 – PROBATIONARY PERIOD (Revised 12/21)

Description: Identifies an employee's probationary period status or Job Examination Period status and may indicate the month, day, and year the probationary period ends. Probationary Code/Job Examination Period Code (Item 430), Right of Return Code (Item 871), and Employment History must all agree. (Refer to GC Sections 19170-19180, CCR 321 and 322, and PMPPM Section 320.)

Required:

1. For the following transactions when employee is first appointed new to the data base or when Probationary Period *Code* is changing:
 - Appointment Transactions for tenure P or R when *not* appointed under GC Section 19144 subject to GC Section 21224
 - Completion of probationary period for intermittent, indeterminate, or fractional time base employee (Use Miscellaneous Transaction 430)
 - Extension of probationary period (Use Miscellaneous Transaction 430)
2. For Miscellaneous Transaction 405 (Only allowable codes are 3 or N)
3. For Limited Examination and Appointment Program (LEAP) Job Examination Period.

Enter: Applicable code (1 digit) and date (MM/DD/YY) as indicated below:

Code	Description
1	Must serve new probationary period with this appointment. Completion date will be computer generated for full time employee. (The computer will delete any ending date shown in the shaded area for intermittent, indeterminate, or fractional time base employee.) EXCEPTION: Completion date MUST be entered for tenure R when not appointed under GC Section 19144 subject to GC Section 21224.
2	Waived probationary period. (The computer will delete any ending date shown in the shaded area.)
3	Must complete probationary period now serving. Enter completion date for full-time employee. (Includes return from temporary separations). (The computer will delete any ending date shown in the shaded area for intermittent, indeterminate, or fractional time base employee.)
4	Completing a probationary period started prior to last appointment. Enter completion date for full-time employee. (The computer will delete any ending date shown in the shaded area for intermittent, indeterminate, or fractional time base employee.)
5	Extending a probationary period for full-time employee only. (Use only with Miscellaneous Transaction 430.) Enter completion date.
6	Intermittent, indeterminate, or fractional time base employee completed probationary period. (Use only with Miscellaneous Transaction 430.) Enter completion date.
7	Blanketed into State service. Enter completion date for full-time employee if probationary period has not been completed.
N	Cannot require new probationary period. (The computer will delete any ending date shown in the shaded area.)

Code	Description
J	Limited Examination and Appointment Program (LEAP) Job Examination Period. Leave completion date blank.
Blank	This item is left blank for tenure T, C, L, E, or R when appointed under GC Section 19144 subject to GC Section 21224 or Exempt Appointments. (See Additional Information below.)

Additional Information: The ending date will remain blank for intermittent, indeterminate, or fractional time base employees for Codes 1, 3, 4, and 7.

With the exception of Limited Examination and Appointment Program appointments (tenure L), the computer will generate an "N" and delete any ending date for tenure T, C, L, E, and R when appointed under GC Section 19144 subject to GC Section 21224 and will delete any information in this item for Exempt Appointments.

Probationary Code (Item 430), Right of Return Code (Item 871 entry), and Employment History must all agree with each other.

Example:

1. Padded PAR

4	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416 MM/DD/YY		425	426	6	06/23/99	435		MM/DD/YY	440	445	450

2. Turnaround PAR

4	FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	TO:	405	410	415	416		425	426	6	06/23/99	435		MM/DD/YY	440	445	450

3. Turnaround PAR – Change/Update/Corrections

4	FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	TO:	405	410	415	416		425	426	6	06/23/99	430		MM/DD/YY	440	445	450

Section 2.57: ITEM 435 – MCR APPROVAL (Revised 02/93)

Description: CODE — Identifies the Modified Classification Review list allocation for the class.
FORM — The type of form used for approval.
DATE — The date of approval.

Required:

1. When employee is first appointed to a Civil Service or Exempt classification; or when information in shaded area is blank, changing, or no longer applies; or mandatory reinstatement following a temporary separation.

EXCEPTION: Not required for Statutory, Judicial Council, or CCC Exempt classifications, Emergency, Mandatory Reinstatement to same class for current employee, Reallocation, Training and Development Assignments, or Retired Annuitants.

2. When shaded area information still applies AND Agency Code is changing. (Information must be re-entered due to system problem.)

Enter: CODE – FORM – DATE (MM/DD/YY) as indicated below:

For MCR I:

Code: 1

Form: Leave blank; or enter *EOF to delete form shown in shaded area.

Date: Leave blank; or enter *EOF to delete date shown in shaded area.

For MCR II (No change in duties.):

Code: 2

Form: NCD

Date: Leave blank; or enter *EOF to delete date shown in shaded area.

For MCR II (New, reclassified, or change in duties.):

Code: 2

Form: One of the following:

- 613 — Position Justification
- 625 — Request for Certification
- LTR — CALHR Pay Letter

Date: Approval date of above form.

For NO MCR:

Code: N

Form: One of the following:

- 613 — Position Justification
- 625 — Request for Certification
- LTR — CalHR Pay Letter

Date: Approval date of above form.

Section 2.57: ITEM 435 – MCR APPROVAL [CONTINUED] (Revised 05/22)

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
405	410	415	416 MM/DD/YY		425	426	430	MM/DD/YY	2	625 03/10/81	440	445	450	455

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	416		425	426	430	MM/DD/YY	2	625 03/10/81	440	445	450	455

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	416		425	426	430	MM/DD/YY	1	*EOF* *EOF*	440	445	450	455

Section 2.58: ITEM 440 – SEX (Revised 05/22)

Description: Indicates the gender of the employee.

Required:

- For A01, A02, A03, or A32-A35 Transactions when employee is new or returning to State service with no history on data base; or
- For A30 or A31 Transactions – when employee is new or returning to State service with no history on data base and Exempt Authority Code (Item 535) is other than “C” or Exempt Authority Code (Item 535) is "F" and the employee is not appointed to a cabinet position by the Governor; or
- For A31 Transaction if Agency Code is other than 003; or
- For 440 Transaction.

Length: 1 character

Enter: One of the following:

- M — Male
- F — Female
- N — Nonbinary

Additional Information: This item may be completed for the following transactions when an employee is new or returning to State service with no history on the data base:

- A31 Transaction when Exempt Authority Code (Item 535) is "C" and the employee is a Constitutional Officer.
- A31 Transaction when Exempt Authority Code (Item 535) is "F" and the employee is appointed to a cabinet position by the Governor.
- A30 Transaction when Exempt Authority Code (Item 535) is "C" and the employee is selected by a Constitutional Officer to one of the following positions:
 - ♦ immediate secretary
 - ♦ administrative or legislative aide
 - ♦ first line aide or legal advisor

Example:

1. Padded PAR

4	TIME BASE 405	APPT. TENURE 410	# MOS 415	APPOINTMENT EXPIRATION DATE 416 MM/DD/YY	HOURS	CERT. # 425	TYPE OF LIST OR EXMT STAT 426	PROBATIONARY PERIOD CODE 430	ENDING PERIOD MM/DD/YY	435	MCR APPROVAL FORM MM/DD/YY	DATE	SEX 440	445	PRIOR STATE SERVICE 450	DISABILITY CODE 455
---	------------------	---------------------	--------------	---	-------	----------------	----------------------------------	---------------------------------	---------------------------	-----	-------------------------------	------	------------	-----	----------------------------	------------------------

2. Turnaround PAR

4	FROM: TIME BASE 405	APPT. TENURE 410	# MOS 415	APPOINTMENT EXPIRATION DATE 416	HOURS	CERT. # 425	TYPE OF LIST OR EXMT STAT 426	PROBATIONARY PERIOD CODE 430	ENDING PERIOD MM/DD/YY	435	MCR APPROVAL FORM MM/DD/YY	DATE	SEX 440	445	PRIOR STATE SERVICE 450	DISABILITY CODE 455
---	------------------------	---------------------	--------------	------------------------------------	-------	----------------	----------------------------------	---------------------------------	---------------------------	-----	-------------------------------	------	------------	-----	----------------------------	------------------------

3. Turnaround PAR – Change/Update/Corrections

4	FROM: TIME BASE 405	APPT. TENURE 410	# MOS 415	APPOINTMENT EXPIRATION DATE 416	HOURS	CERT. # 425	TYPE OF LIST OR EXMT STAT 426	PROBATIONARY PERIOD CODE 430	ENDING PERIOD MM/DD/YY	435	MCR APPROVAL FORM MM/DD/YY	DATE	SEX 440	445	PRIOR STATE SERVICE 450	DISABILITY CODE 455
---	------------------------	---------------------	--------------	------------------------------------	-------	----------------	----------------------------------	---------------------------------	---------------------------	-----	-------------------------------	------	------------	-----	----------------------------	------------------------

SECTION 2.59: ITEM 445 – ETHNIC ORIGIN (Revised 03/22)

Description: This item is no longer in use. Prior to 03/07/22, this field identified Ethnic Origin for an employee. Effective 03/07/22, Ethnic Origin information was moved to the Ethnicity Screen in the SCO ACAS system for active and temporarily separated employees. See SCO [Personnel Letter #22-006](#).

Ethnic Origin Should be Reported on the SCO ACAS Ethnicity Screen When:

- An employee completes the CalHR Form 1070 to designate his/her Race/Ethnicity.
- Processing an AO1-A03 Transaction for an employee who is new or returning to State service with no history on the data base; or
- Processing an A30 or A31 Transaction for an employee who is new or returning to State service with no history on the data base and Exempt Authority Code (Item 535) is other than "C" or Exempt Authority Code (Item 535) is "F" and the employee is not appointed to a cabinet position by the Governor.

Ethnic Origin May be Reported on the SCO ACAS Ethnicity Screen When Processing:

- An A30 Transaction with Exempt Authority Code (Item 535) equal to "C" and the employee is selected by a Constitutional Officer to one of the following positions:
 - Immediate secretary
 - Administrative or legislative aide
 - First line aide or legal advisor.
- An A31 Transaction with Exempt Authority Code (Item 535) equal to "C" and the employee is a Constitutional Officer.
- An A31 Transaction with Exempt Authority Code (Item 535) equal to "F" and the employee is appointed to a cabinet position by the Governor.
- An A33 or A35 Transaction.

Additional Information:

For additional information regarding Ethnic Origin effective 3/7/2022, please refer to:

- SCO [Personnel Letter #22-006](#)
- SCO [Race and Ethnicity FAQ](#)
- SCO [User Guide for Keying Ethnicity into ACAS](#)
- [CalHR Form 1070](#) (Rev 03/22)

Section 2.60: ITEM 450 – PRIOR STATE SERVICE (Revised 05/22)

Description: Indicates employee's prior State employment status as defined in CCR 599.826.

Required: For A01, A02, A03, A09, A22, or A30-A35 Transactions when employee is new or returning to State service or is being hired in an additional position.

Enter: The appropriate code:

Code	Description
1	New to State service (No prior Exempt or Civil Service.)
2	Returning after temporary separation and history <u>IS</u> on the data base.
3	Returning after permanent separation (had prior State employment as exempt, Civil Service, CSU, or non-rostered emergency) and history <u>IS</u> on the data base.
*4	Additional position appointment new to the data base. (Code 4 will not turnaround in Item 450, but will be reflected as an "X" in Item 135 – Other Position.)
*3/1	Anytime a correction is made to an appointment with a prior State service code in the shaded area – information must be re-entered on the corrections.
*1/2	Returning after temporary separation and history is <u>NOT</u> on data base; or blanketed into State service.
*1/3	Returning after permanent separation (had prior State employment as exempt, Civil Service, or non-rostered emergency) and history is <u>NOT</u> on data base.
*4/1	Employee has no prior Civil Service or exempt employment, but is on the data base in CSU position.
3/*	To delete when invalid/unnecessary.

Additional Information: If prior State service was as an exempt only, or non-posted emergency, refer to Section 2, Line 10 – Completion Charts.

Example:

1. Padded PAR

4	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416 MM/DD/YY		425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450 3

2. Turnaround PAR

4	FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	TO:	405	410	415	416		425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450 3

3. Turnaround PAR – Change/Update/Corrections

4	FROM:	TIME BASE	APPT. TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING PERIOD	CODE	MCR APPROVAL FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	TO:	405	410	415	416		425	426	430	MM/DD/YY	435		MM/DD/YY	440	445	450 3/1

* Refer to Section 10.11 for Special Keying instructions.

Section 2.61: ITEM 455 – DISABILITY CODE (Revised 10/22)

Description: Per Personnel Letter #11-029, effective November 1st, 2011, Item 455 – Disability Code on New A01-A03 transactions will no longer be required. As of 10/17/2022, Item 455 - Disability Code will no longer be required for LEAP appointments.

A code indicating the employee's self-identification of disability status or that the employee did not respond to the State Employee Disability Questionnaire. (Refer to GC Section 19233.)

Length: 1 character

Required: For 455 Transaction.

Enter: The applicable code:

Code	Description
A	Visual
B	Hearing
C	Speech
D	Orthopedic Impairments; Amputations or Functional Limitations of upper or lower extremities; or trunk, back, or spine when there is a medically diagnosed disability.
H	Epilepsy
I	Neurological Impairments
J	Mental Retardation
K	Heart or Circulatory Conditions
L	Disease of the Blood and Blood Forming Organs
M	Respiratory Impairment
N	Digestive Disorders
O	Colostomies and Ileostomies
P	Kidney Disease
Q	Diabetes
R	History of Cancer
S	Conditions of the Skin
T	Dyslexia
U	Mental Disorders
V	Alcoholism or Drug Addition
W	Other
X	No Disability

NUMERIC CODE

Code	Description
8	Employee did not respond.

Additional Information: This item will not turnaround on the PAR.

Only one code is allowed in Item 455. If an employee completes a primary and a secondary code on the Disability Questionnaire, enter the primary code in Item 455.

Example:

1. Padded PAR

4

TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
405	410	415	MMDDYY	HOURS	425	426	ENDING PERIOD	430	CODE FORM DATE	440	445	450	455
												W	

2. Turnaround PAR

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	MMDDYY	HOURS	425	426	ENDING DATE	430	CODE FORM DATE	440	445	450	455
													W	

3. Turnaround PAR – Change/Update/Corrections

4

FROM:	TIME BASE	APPT. TENURE	# MOS	DATE	APPOINTMENT EXPIRATION	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	CODE	MCR APPROVAL	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO:	405	410	415	MMDDYY	HOURS	425	426	ENDING DATE	430	CODE FORM DATE	440	445	450	455
													Q	

Section 2.62 ITEM 505 – Account Code Index (Revised 05/21)

Description: An Account Code is a one or two-character code used by the EHDB system to denote employees' retirement attributes. It is critical that the correct retirement account code is assigned to ensure that payroll is accurately calculated.

Length: 1 or 2 character(s)

Required: When the employee is:

- New to the data base or adding a position to the data base via a Padded PAR; or
- Changing from non-member to *member or vice versa; or
- Changing from one retirement system to another; or,
- Changing from the PST retirement plan to a retirement system; or,
- Changing position or appointment status thereby making the current Account Code reflected in PAR Item 505 incorrect.

Enter: The applicable Account Code: To determine the correct Account Code, *all of the following four retirement account attributes must be determined; and, any other criteria as applicable.*

1. RETIREMENT SYSTEM/PLAN

Systems/Plans responsible for retirement contributions and benefits of participating employees.

- **CalPERS** (California Public Employees' Retirement System)
Retirement coverage for Civil Service and CalHR Exempt employees who meet CalPERS membership eligibility criteria; and, for Statutory Exempt employees who opt to be CalPERS members.

Refer to the following *four* sections in the **CalPERS State Reference Guide** for detailed information regarding eligibility: '*CalPERS Membership Eligibility*,' '*Determining Membership Eligibility*,' '*Positions Excluded by Retirement Law (PERL) from CalPERS Coverage*,' and '*Optional Members of CalPERS*.' The reference guide is located at www.calpers.ca.gov (select '*Forms & Publications*' under the '*Employer*' tab).

- **JRS** (Judges' Retirement System)
Retirement coverage for employees appointed to Statutory Exempt Class Codes 5987, 5988, 5991, and 9999. For more detailed information, refer to GC Sections 75000-75613.
- **LRS** (Legislators' Retirement System)
Retirement coverage for legislators and constitutional officers (except judges). For more detailed information, refer to GC Sections 9350-9378.
- **STRS** (State Teachers' Retirement System)
Retirement coverage for employees in public school positions that require certification qualifications per the Education Code (e.g., teachers, administrators, library media workers, etc.). Refer to the '*CalPERS or*

* A member is an employee who has qualified for membership in a retirement system and on whose behalf an employer has become obligated to pay contributions.

CalSTRS? section in the **CalPERS State Reference Guide** for more detailed information.

- **PST** (Part-Time, Seasonal, and Temporary)
Retirement program for State and CSU employees not covered by a retirement system or Social Security. For more detailed information, refer to the *'Part-time, Seasonal, and Temporary Retirement Program (PST)'* section in the **CalHR Benefits Administration Manual**. The manual is located at www.calhr.ca.gov (scroll to *'Resources for State HR Professionals'* and under *'Related Links'*, click the *'Benefits Administration Manual'* link).
- **NON**
Employees excluded from any type of retirement system/plan because of Appointment Type, Class Code, Immigration Status, or some other factor(s).

2. MEMBER GROUP (Retirement Category)

- *Industrial* – Refer to GC Section 20382
Includes all State employees who are not State Safety members, State Miscellaneous members, or State Peace Officer/Fire Fighter members.
- *Miscellaneous* – Refer to GC Section 20380
Includes all members employed by the State and State Universities except Industrial, Patrol, State Peace Officer/Fire Fighter, and State Safety members.
- *Patrol* (CHP) – Refer to GC Section 20390
Includes all members employed by the Department of California Highway Patrol whose principle duties consist of active law enforcement.
- *Peace Officer/Firefighter* – Refer to GC Sections 20391-20398 & 20416
Includes State officers and employees designated as Peace Officers as defined in Sections 830.2, 830.3, 830.4, and 830.5 of the Penal Code.
- *Safety* – Refer to GC Sections 20399-20415.
A retirement system plan for employees whose positions have been designated "Safety" by CalHR.

3. *FIRST OR **SECOND TIER

Applies to *only* Miscellaneous and Industrial State Civil Service members (unless member reclassified to a Safety member and elected to retain prior Second Tier retirement formula). For more specific information or additional assistance, refer to the following section shown below in the **CalPERS State Reference Guide**. The reference guide is located at www.calpers.ca.gov (select *'Forms & Publications'* under the *'Employer'* tab).

General Membership Information

Account Code Overview

First-Tier vs. Second-Tier

* First-tier retirement benefit formulas require the employee to make employee contributions to CalPERS and provide the highest level of benefit in retirement.

** Second-tier retirement formulas provide a significantly reduced pension amount upon retirement. Under a second tier formula, the employee makes reduced employee contributions over the course of their employment. This means the employee contributes less during their career, but also receive a significantly reduced pension.

Both of these system members may or may not pay Social Security/Medicare.

4. *OASDI STATUS

- Social Security

Applies to **only** Miscellaneous and Industrial members (not Patrol, Peace Officer/Firefighter, or Safety). Generally, any Miscellaneous or Industrial employee hired into State service *after 1961* is subject to Social Security. For more specific information and exceptions, refer to the following section shown below in the **CalPERS State Reference Guide**. The reference guide is located at www.calpers.ca.gov (select 'Forms & Publications' under the 'Employer' tab).

General Membership Information

Account Code Overview

Social Security

- Medicare Status

Generally, any employee (in any member group) hired or rehired on or after 4/1/86 is subject to Medicare. For more specific information and exceptions, refer to the following section shown below in the **CalPERS State Reference Guide**. The reference guide is located at www.calpers.ca.gov (select 'Forms & Publications' under the 'Employer' tab).

General Membership Information

Account Code Overview

Medicare applies as follows

As shown above, there are two parts to this attribute. Part 1 is Social Security and Part 2 is Medicare Status.

* OASDI is an acronym for Old Age, Survivor, and Disability Insurance and is the official name for Social Security in the United States.

The following chart lists retirement Account Code attributes and other criteria needed to determine the correct Account Code, followed by the corresponding Account Code.

For example as shown on #13, Account Code **4G** should be assigned for an employee who is:

1. Eligible for CalPERS retirement;
2. A Miscellaneous retirement category member;
3. Subject to the First Tier retirement formula;
4. Subject to both Social Security and Medicare;
5. Represented (rank and file) or Non-Represented; and
6. In or tied to Bargaining Unit 2.

RETIREMENT ACCOUNT CODE ATTRIBUTES

Number #	(1) RETIRE. SYS./ PLAN	(2) RETIRE. CAT.	(3) TIER [First or Second]	(4) OASDI STATUS (NO = No SS & No MED) (MED = MED only) (YES = Both SS & MED)	OTHER CRITERIA TO DETERMINE ACCOUNT CODE	ACCT. CODE
1	JRS	NO	N/A	NO	Judges (Classic)	J
2	JRS	NO	N/A	NO	Judges (New Member as defined by PEPRA)	JE
3	JRS	NO	N/A	MED	Judges (Classic)	JF
4	JRS	NO	N/A	MED	Judges (New Member as defined by PEPRA)	JD
5	LRS	NO	N/A	YES	Constitutional Officer – Governor only	L
6	LRS	NO	N/A	YES	Constitutional Officers – all others	LO
7	STRS	NO	N/A	MED	Classic	TA*
8	STRS	NO	N/A	MED	New Member as defined by PEPRA	TC*
9	CalPERS	MIS	First	YES	Judicial Council – Comm. on Judicial Performance in Class Codes: 2204, 2208, 2468, 2469, 2481, 2543, 3195, 3196, 3197, 3199, 3574, 3590, 3814, 5072, & 6003	4J
10	CalPERS	MIS	First	YES	Judicial Council – other than Judges (Classic)	2X
11	CalPERS	MIS	First	YES	Judicial Council – other than Judges (New Member as defined by PEPRA)	4Q
12	CalPERS	MIS	First	YES	Exempts & Non-Reps R01, R03, R04, R05, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21	2M
13	CalPERS	MIS	First	YES	Exempts & Non-Reps R01, R03, R04, R05, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21 (New Member as defined by PEPRA-P)	DM
14	CalPERS	MIS	First	YES	Non-Reps tied to Unit 02 R02	4G
15	CalPERS	MIS	First	YES	Non-Reps tied to Unit 02 R02 (New Member as defined by PEPRA-P)	FG
16	CalPERS	MIS	First	YES	R08, R12, R13, R16, R18, & R19	2C
17	CalPERS	MIS	First	YES	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPRA-P)	DC
18	CalPERS	MIS	First	NO	Exempt & Non-Reps R01, R03, R04, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21	2K

* Entry to this Account Code is by employee election only: CalPERS to send R01 to SCO to change the code.

Number #	(1) RETIRE. SYS./ PLAN	(2) RETIRE. CAT.	(3) TIER [First or Second]	(4) OASDI STATUS (NO = No SS & No MED) (MED = MED only) (YES = Both SS & MED)	OTHER CRITERIA TO DETERMINE ACCOUNT CODE	ACCT. CODE
19	CalPERS	MIS	First	NO	Exempt & Non-Reps R01, R03, R04, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21 (New Member as defined by PEPRA-B)	DK
20	CalPERS	MIS	First	NO	Non-Reps tied to Unit 02 R02	2Q
21	CalPERS	MIS	First	NO	Non-Reps tied to Unit 02 R02 (New Member as defined by PEPRA-B)	DQ
22	CalPERS	MIS	First	NO	R08, R12, R13, R16, R18, & R19	2A
23	CalPERS	MIS	First	NO	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPRA-B)	DA
24	CalPERS	MIS	First	MED	Exempt & Non-Reps R01, R03, R04, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21	2V
25	CalPERS	MIS	First	MED	Exempt & Non-Reps R01, R03, R04, R06, R07, R09, R10, R11, R14, R15, R17, R20, & R21 (New Member as defined by PEPRA-B)	DV
26	CalPERS	MIS	First	MED	Non-Reps tied to Unit 02 R02	20
27	CalPERS	MIS	First	MED	R08, R12, R13, R16, R18, & R19	2B
28	CalPERS	MIS	First	MED	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPRA-B)	DB
29	CalPERS	IND	First	YES	Exempts & Non-Reps tied to Unit 21 R07, & R21	9Y
30	CalPERS	IND	First	YES	Exempts & Non-Reps tied to Unit 21 R07, & R21 (New Member as defined by PEPRA-P)	PY
31	CalPERS	IND	First	YES	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20	9N
32	CalPERS	IND	First	YES	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20 (New Member as defined by PEPRA-P)	PN
33	CalPERS	IND	First	YES	R08, R12, R13, R16, R18, & R19	9G
34	CalPERS	IND	First	YES	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPRA-P)	PG
35	CalPERS	IND	First	NO	Exempts & Non-Reps tied to Unit 21 R07, & R21	9R
36	CalPERS	IND	First	NO	Exempts & Non-Reps tied to Unit 21 R07, & R21 (New Member as defined by PEPRA-B)	PR
37	CalPERS	IND	First	NO	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20	9T
38	CalPERS	IND	First	NO	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20 (New Member as defined by PEPRA-B)	PT
39	CalPERS	IND	First	NO	R08, R12, R13, R16, R18, & R19	9H

Number #	(1) RETIRE. SYS./ PLAN	(2) RETIRE. CAT.	(3) TIER [First or Second]	(4) OASDI STATUS (NO = No SS & No MED) (MED = MED only) (YES = Both SS & MED)	OTHER CRITERIA TO DETERMINE ACCOUNT CODE	ACCT. CODE
40	CalPERS	IND	First	NO	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPR A-B)	PH
41	CalPERS	IND	First	MED	Exempts & Non-Reps tied to Unit 21 R07, & R21	97
42	CalPERS	IND	First	MED	Exempts & Non-Reps tied to Unit 21 R07, & R21 (New Member as defined by PEPR A-B)	P7
43	CalPERS	IND	First	MED	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20	9V
44	CalPERS	IND	First	MED	Exempt & Non-Reps R01, R02, R03, R04, R06, R09, R10, R11, R14, R15, R17, & R20 (New Member as defined by PEPR A-B)	PV
45	CalPERS	IND	First	MED	R08, R12, R13, R16, R18, & R19	9F
46	CalPERS	IND	First	MED	R08, R12, R13, R16, R18, & R19 (New Member as defined by PEPR A-B)	PF
47	CalPERS	SAF	First	NO	Exempts & Non-Reps All represented BUs	1R
48	CalPERS	SAF	First	NO	Exempts & Non-Reps All represented Bus (New Member as defined by PEPR A-B)	CR
49	CalPERS	SAF	First	MED	Exempts & Non-Reps All represented BUs	1P
50	CalPERS	SAF	First	MED	Exempts & Non-Reps All represented BUs (New Member as defined by PEPR A-B)	CP
51	CalPERS	PAT	First	NO	CHP Commissioner only	6S
52	CalPERS	PAT	First	NO	CHP Commissioner only (New Member as defined by PEPR A-B)	HS
53	CalPERS	PAT	First	NO	Exempts & Non-Reps tied to Unit 5 R05	62
54	CalPERS	PAT	First	NO	Exempts & Non-Reps tied to Unit 5 R05 (New Member as defined by PEPR A-B)	H2
55	CalPERS	PAT	First	MED	Exempts & Non-Reps tied to Unit 5 R05	61
56	CalPERS	PAT	First	MED	Exempts & Non-Reps tied to Unit 5 R05 (New Member as defined by PEPR A-B)	H1
57	CalPERS	POF	First	NO	Exempts & Non-Reps tied to Unit 7 R07	5G
58	CalPERS	POF	First	NO	Exempts & Non-Reps tied to Unit 7 R07 (New Member as defined by PEPR A-B)	GG
59	CalPERS	POF	First	MED	Exempts & Non-Reps tied to Unit 7 R07	5H
60	CalPERS	POF	First	MED	Exempts & Non-Reps tied to Unit 7 R07 (New Member as defined by PEPR A-B)	GH
61	CalPERS	POF	First	NO	Exempts & Non-Reps tied to Units 6 & 8 R06 & R08	3C
62	CalPERS	POF	First	NO	Exempts & Non-Reps tied to Units 6 & 8 R06 & R08 (New Member as defined by PEPR A-B)	EC

Number #	(1) RETIRE. SYS./ PLAN	(2) RETIRE. CAT.	(3) TIER [First or Second]	(4) OASDI STATUS (NO = No SS & No MED) (MED = MED only) (YES = Both SS & MED)	OTHER CRITERIA TO DETERMINE ACCOUNT CODE	ACCT. CODE
63	CalPERS	POF	First	MED	Exempts & Non-Reps tied to Units 6 & 8 R06 & R08	3D
64	CalPERS	POF	First	MED	Exempts & Non-Reps tied to Units 6 & 8 R06 & R08 (New Member as defined by PEPRA-B)	ED
65	CalPERS	IND	Second	NO		92
66	CalPERS	IND	Second	NO	(New Member as defined by PEPRA-B)	P2
67	CalPERS	IND	Second	MED		98
68	CalPERS	IND	Second	MED	(New Member as defined by PEPRA-B)	P8
69	CalPERS	IND	Second	YES		47
70	CalPERS	IND	Second	YES	(New Member as defined by PEPRA-P)	F7
71	CalPERS	MIS	Second	NO		01
72	CalPERS	MIS	Second	NO	(New Member as defined by PEPRA-B)	B1
73	CalPERS	MIS	Second	MED		06
74	CalPERS	MIS	Second	MED	(New Member as defined by PEPRA-B)	B6
75	CalPERS	MIS	Second	YES		41
76	CalPERS	MIS	Second	YES	(New Member as defined by PEPRA-P)	F1
77	CalPERS	SAF	Second	NO	Members reclassified to Safety but elected to remain in Second	14*
78	CalPERS	SAF	Second	NO	Members reclassified to Safety but elected to remain in Second (New Member as defined by PEPRA-B)	C4
79	CalPERS	SAF	Second	MED	Members reclassified to Safety but elected to remain in Second	13*
80	CalPERS	SAF	Second	MED	Members reclassified to Safety but elected to remain in Second (New Member as defined by PEPRA-B)	C3
81	PST	NO	N/A	NO		TD
82	PST	NO	N/A	MED		TM
83	NON	NO	N/A	NO		N
84	NON	NO	N/A	MED		NM
85	NON	NO	N/A	YES		NO

NOTE: For CSU Account Codes, refer to the [CSU PIMS Manual](https://www2.calstate.edu/csu-system/administration/systemwide-human-resources/personnel-payroll-information-management-system) at <https://www2.calstate.edu/csu-system/administration/systemwide-human-resources/personnel-payroll-information-management-system>.

* Entry to this Account Code is by employee election only: CalPERS to send R01 to SCO to change the code.

Additional Information: Contact SCO’s Retirement/Social Security Liaison at (916) 324-1471 if you believe a new Account Code needs to be established to accommodate retirement attributes and other criteria not listed in the chart.

Example:

1. Padded PAR

5

ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE	
505 2K	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY

2. Turnaround PAR

5

FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY INJURY DATE
TO	505 2K	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY
							<input type="checkbox"/>	<input type="checkbox"/>					WCTD/IDL DATE
													MM/DD/YY

3. Turnaround PAR – Change/Update/Corrections

5

FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY INJURY DATE
TO	505 2Q	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY
							<input type="checkbox"/>	<input type="checkbox"/>					WCTD/IDL DATE
													MM/DD/YY

Section 2.64: ITEM 510 – MEMBERSHIP EFFECTIVE DATE (Revised 10/82)

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections

Section 2.65: ITEM 515 – SAFETY MEMBER (Revised 07/84)

Description: COMPUTER GENERATED ONLY
 Indicates the employee’s PERS benefit category in this position. Corrections will be accepted from PERS only.

Codes Defined:

- MIS — Miscellaneous Member
- IND — Industrial Member
- SAF — Safety Member
- PAT — Patrol Member
- POF — Peace Officer/Firefighter Member
- NO — Non-Retirement Member

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE
	505	515	520	525	530	535	540	545	550 MM/DD/YY	555 MM/DD/YY	560 MM/DD/YY	565	MM/DD/YY	MM/DD/YY

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY INJURY DATE
	TO	505	510	515	520	525	530	535	540	545	550 MM/DD/YY	555 MM/DD/YY	560	MM/DD/YY

Section 2.66: ITEM 520 – SURVIVORS BENEFITS (Revised 05/93)

Description: This item indicates by "YES" or "NO" if employee is covered under P.E.R.S. 1959 Survivors Benefits.

Required: Although this item is normally computer generated, the appointing power *must* make an entry for the following conditions:

Legislative Retirement System Member

1. Legislative Retirement System member (exempt employee) who is not covered by Social Security/Medicare, *elects not to have* Survivors Benefits coverage, and who is *new or returning to State service* with no history on data base.
2. Current exempt employee changing membership to Legislative Retirement System and who does *not have* Social Security or Survivors Benefits coverage.

Judges Retirement System Member

1. Judges Retirement System member (exempt employee) who should have Survivors Benefits and who is *new or returning to State service* with no history on data base.
2. Current exempt employee changing membership to Judges Retirement System and who has Survivors Benefits coverage.

Enter: NO: For #1 and 2 above.
YES: For #3 and 4 above.

Additional Information: Personnel Operations will contact PERS for information on Survivors Benefits when a Civil Service employee returns to State service with no history on data base and Account Code 00 or 90 is entered in Item 505.

Corrections to this item will be accepted only from a retirement system and will generate a new PAR.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (N)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	JOB INCURRED INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE
	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560

Note: A red arrow points to the 'NO' entry in the SURVIVORS BENEFITS field.

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY DATE
	TO	305	310	315	320	325	330	335	340	345	MM/DD/YY	350	MM/DD/YY	355

Note: A red arrow points to the 'NO' entry in the SURVIVORS BENEFITS field.

Section 2.67: ITEM 525 – SS/MED MEMBER (Revised 05/93)

Description: COMPUTER GENERATED ONLY

This item indicates whether an employee has Social Security, Medicare, or neither coverage for this position. Values are as follows:

YES: Social Security coverage

MED: Medicare coverage

NO: Neither Social Security or Medicare

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE		
	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	NO	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE		
	TO	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565

Section 2.68: ITEM 530 – RETIREMENT RATE (Revised 05/93)

Description: Indicates rate of contribution into the retirement system for this position.

Required: Although this item is normally computer generated, the appointing power *must* make an entry under the following conditions:

Legislative Retirement System Member

1. Legislative Retirement System member (exempt employee) whose rate is 4.00 *and* has *no* Social Security/Medicare coverage *and* is returning to State service with no history on data base.
2. Current exempt employee changing membership to Legislative Retirement System whose rate is 4.00 *and* has Social Security/Medicare coverage.

U. C. Retirement System Member

1. U. C. Retirement System member (exempt employee) whose rate is 7.10 *and* who has *no* Social Security/Medicare coverage and is returning to State service with no history on data base.
2. Current exempt employee changing membership to U.C. Retirement System whose rate is 7.10 *and* has *no* Social Security/Medicare coverage.

Enter: The appropriate rate (up to 4 digits) as mentioned above.

Additional Information: PERS Miscellaneous members in a Two-Tier (Second Tier) plan will generate '00.00' in this field.

Corrections to this item will be accepted only from a retirement system and will generate a new PAR.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	JOB INCURRED INJURY INJURY DATE	WCTD/IDL DATE			
	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565	MM/DD/YY

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	JOB INCURRED INJURY INJURY DATE	WCTD/IDL DATE			
	TO	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565	MM/DD/YY

Section 2.69: ITEM 535 – EXEMPT AUTHORITY (Revised 08/11)

Description: Denotes the legal authority for the exempt appointment.

Required:

1. For A30-A35 Transactions except when the new information is the same as what is shown in the shaded area.
2. For S05 Transactions:
 - Resignation to accept CSU appointment; or
 - Moving to, from, or between exempt positions when lump sum vacation is paid; or
 - For current PERS member moving to exempt position under a different retirement system; or
 - Appointment or employment by Legislature (House or Legislative Committee).

Length: 1 character

Enter:

One of the following codes:	It represents this Article of the Constitution:
A	VII 4 (A)
B	VII 4 (B)
C	VII 4 (C)
D	VII 4 (D)
E	VII 4 (E)
F	VII 4 (F)
G	VII 4 (G)
H	VII 4 (H)
I	VII 4 (I)
K	VII 4 (K)
L	VII 4 (L)
M	VII 4 (M)
R	IX 2.1
S	XX 22
T	XXXV7/XXI 2

Additional Information: This code will be automatically deleted by the computer on A01, A02, or A03 Transactions when employee is returning to Civil Service from exempt appointment.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE
						A									

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE
							A									
	TO							<input type="checkbox"/>	<input type="checkbox"/>							

3. Turnaround PAR – Change/Update/Corrections

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE
							A									
	TO						B	<input type="checkbox"/>	<input type="checkbox"/>							

Section 2.70: ITEM 540 – PERMANENT STATUS (Revised 02/86)

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections

Section 2.71: ITEM 545 – OATH/NON-CITIZEN (Revised 05/97)

Description: Denotes if oath has been signed, or if non-citizen, whether employee has Social Security or Medicare coverage based on type of visa.

Required:

- For A01, A02, A03, A22, and A32 Transactions when employee is new to State service or returning to State service; or
- For A01 or A02 Transactions for current employee moving to Civil Service from exempt where no oath was signed previously; or
- For A30, A31, and 545 Transactions.

Length: 1 character

Enter: In "Oath" box:

X: Employee is a citizen and Form 689, Oath of Allegiance or Form 688, Oath of Office (for some exempt employees) has been signed and is on file.

*In "Non-Citizen" box:

If employee is a non-citizen, enter one of the following codes to indicate Social Security or Medicare coverage:

A: Nonresident Alien with F-1, J-1, or M-1 visa and services performed are to carry out the purpose for which the individual was admitted to the United States. The employee is not subject to either Social Security or Medicare deductions.

OR

Nonresident Alien working outside the United States. The employee is not subject to either Social Security or Medicare deductions.

B: Resident or Nonresident Alien who does not meet the condition for Code A above. The employee is subject to Social Security or Medicare deductions.

Additional Information: *Non-citizens may be employed providing it is consistent with the non-citizen's status under the Federal Immigration Law. Please refer to the Personnel Management Policy and Procedures Manual (PMPPM), Sections 370 and 371, for specific information.

Example:

1. Padded PAR – Oath

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE	
	595	E10	E12	E20	E22	E25	E30	E45	E50	MM/DD/YY	E55	MM/DD/YY	E60	MM/DD/YY	E65	MM/DD/YY

2. Turnaround PAR – Oath

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE	
	TO	595	E10	E12	E20	E22	E25	E30	E45	E50	MM/DD/YY	E55	MM/DD/YY	E60	MM/DD/YY	E65	MM/DD/YY

3. Padded PAR – Non-Citizen

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE	
	595	E10	E12	E20	E22	E25	E30	E45	E50	MM/DD/YY	E55	MM/DD/YY	E60	MM/DD/YY	E65	MM/DD/YY

4. Turnaround PAR – Non-Citizen

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY CODE	INJURY DATE	
	TO	595	E10	E12	E20	E22	E25	E30	E45	E50	MM/DD/YY	E55	MM/DD/YY	E60	MM/DD/YY	E65	MM/DD/YY

Section 2.72: ITEM 550 – MEDICAL CLEARANCE (Revised 05/94)

Description: Denotes approval date of last medical report or health questionnaire or that the proper medical clearance is on file. See Selection Manual, Section 7500.

Required:

- For Civil Service Appointment when employee is new to data base; OR when medical clearance information is changing.
- For 550 Transaction

Enter:

- For Medical Report enter last approval date (MM/DD/YY).
- For Health Questionnaire enter approval date (MM/DD/YY) OR “ON FILE” for current employee.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE
	505	510	515	520	525	530	540 545	12/14/85	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE
	TO	505	510	515	520	525	530	540 545	12/14/85	550	MM/DD/YY	555	MM/DD/YY	560

3. Turnaround PAR – Change/Update/Corrections

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE
	TO	505	510	515	520	525	530	540 545	ON FILE	550	MM/DD/YY	555	MM/DD/YY	560

Section 2.73: ITEM 555 – FINGERPRINT (Revised 10/83)

Description: Indicates the date fingerprints were taken.

Required:

- For appointment transactions when required by law or departmental policy.
- For 555 Transactions.

Length: 6 characters

Enter: Date (MM/DD/YY) fingerprints were taken.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/IDL DATE		
	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565

→ 03/02/82

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE			
	TO	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565

→ 03/02/82

3. Turnaround PAR – Change/Update/Corrections

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE			
	TO	505	510	515	520	525	530	535	540	545	550	MM/DD/YY	555	MM/DD/YY	560	MM/DD/YY	565

→ 09/29/83

Section 2.74: ITEM 560 – PROFESSIONAL LICENSE (Revised 10/84)

Description: Indicates the type of license, credential or certificate required to continue employment in the class and the date the license, credential or certificate expires.

Required:

- For 560 Miscellaneous Change Transaction; or
- For any other transaction to report, change, or delete the professional license information when allowable on the Required/Conditional Chart.

Length: 1 character plus date (MM/DD/YY)

Enter: In “Type” box:

One of the following codes (1 digit):

- 1 — Driver’s License
- 2 — Consumer Affairs License (e.g., Medical, Engineer, Nurse, Architect, Psychiatric Technician)
- 3 — Teaching Credential
- 4 — Other
- * — Deleting type of license

In “Expiration Date” box:

- Date (MM/DD/YY) of expiration; or
- Leave blank if no expiration date; or
- *EOF – Deleting expiration date.

Additional Information: For more than one license, use Line 8/9, Item 884-License Additional.

Note: All applicable information must be completed whenever an entry is made.

Example:

1. Padded PAR

5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/DL DATE
	805	810	815	820	825	830	835	840	845	850	MM/DD/YY	855	MM/DD/YY	860
										1	06/03/84			

2. Turnaround PAR

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/DL DATE
	TO	805	810	815	820	825	830	835	840	845	850	MM/DD/YY	855	MM/DD/YY	860
											1	06/03/84			

3. Turnaround PAR – Change/Update/Corrections

5	FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	CODE	INJURY DATE	JOB INCURRED INJURY WCTD/DL DATE
	TO	805	810	815	820	825	830	835	840	845	850	MM/DD/YY	855	MM/DD/YY	860
											1	06/03/84			
											1	06/03/88			

Section 2.75: ITEM 565 – JOB INCURRED INJURY (Revised 02/03)

Description: Identifies periods of disability and type of compensation resulting from an employee's job-incurred injury or illness.

Required: For 565 Miscellaneous Change Transaction. Refer to PAM Section 5 – Documentation of WCTD/IDL before documenting a job-incurred injury or illness.

Length: 1 character plus dates (MM/DD/YY) (MM/DD/YY)

Enter: The applicable Code (1 digit) and Dates (MM/DD/YY) according to instructions in PAM Section 5.

In "CODE" box:

- 1 — On WCTD — Do not take off payroll, to be used *only* for employees back to work full time but are losing time for subsequent Dr. appointment
- 2 — On WCTD — Take off payroll
- 3 — Off WCTD — Was on payroll *working full time* but losing subsequent time for Dr. appointment
- 4 — Off WCTD — Was off payroll at time of return to work
- 5 — On WCTD — Take off payroll
- 6 — Off WCTD — Return to payroll

In "INJURY DATE" box:

- Date (MM/DD/YY) of injury; or
- *EOF – To delete date for codes 3, 4, or 6

In "WCTD/IDL DATE" box:

- Date (MM/DD/YY) employee is approved for IDL or receives compensation under SCIF; or
- *EOF – To delete for codes 3, 4, or 6

Additional Information: This item *does not print in Item 565 on the turnaround PAR*; however, it is stored on the data base.

Note: All applicable information must be completed whenever an entry is made.

Example:

1. Turnaround PAR

FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY INJURY DATE
5							<input type="checkbox"/>	<input type="checkbox"/>					2	03/29/84 WCTD/IDL DATE 04/02/84
TO														

2. Turnaround PAR

FROM	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE	JOB INCURRED INJURY INJURY DATE
5							<input type="checkbox"/>	<input type="checkbox"/>					4	*EOF WCTD/IDL DATE *EOF
TO														

Section 2.76: ITEM 603 – REASON FOR SEPARATION (Revised 04/15)

Description: This item is used to denote the reason for employee's separation. The code used also determines which separation statement will print on the NOPA.

Required: For S01, S04, S50, S55, and S80 Transactions for Civil Service employees only.
This item is optional for exempt employees.

Note: A NOPA will not be issued for California Conservation Corps exempt employees.

Length: 2 characters

Enter: The appropriate two-digit code from the following:

For S01 – RESIGNATION W/O FAULT – INVOLUNTARY

Code	Description
01	Other employment
02	Job dissatisfaction
03	Pregnancy leave not requested (NOPA prints: "NOT LISTED – ON FILE IN DEPARTMENT")
04	Remain at home
05	Further education
06	Illness
07	Family illness or obligations
08	Transportation problems
09	Moving to another area
10	Personal reasons
13	Not listed – On file in department
14	Non-school period
15	Accepting another State job after a break in service of 11 working days
16	Failed to comply with leave conditions
17	Failed to submit military orders within 15 working days
23	Vista or Peace Corps
27	Intermittent employee in non-work status for over 1 year. NOPA prints: "YOU HAVE NOT WORKED FOR OVER 1 YEAR. THIS RESULTS IN AN AUTOMATIC RESIGNATION WITHOUT FAULT PURSUANT TO CCR 448."
28	Intermittent employee waived three requests to report to work. NOPA prints: "YOU HAVE WAIVED THREE REQUESTS FROM YOUR DEPARTMENT TO REPORT TO WORK. THIS RESULTS IN AN AUTOMATIC RESIGNATION."

For S04 – RESIGNATION W/O FAULT – FAILURE TO MEET CONDITIONS OF EMPLOYMENT

Code	Description
18	Failed to meet conditions of employment.

Enter: For S50 – LEAVE OF ABSENCE – REGULAR

Code	Description
05	Education
06	Illness
07	Family illness or obligations
10	Other acceptable reasons
11	Parental Leave
26	Lessen impact of layoff per CCR 599.608 – This certifies that a layoff situation exists, preliminary seniority information has been requested from SPB, and this leave will have the effect of lessening the impact of the layoff. Note: If Code 26 and another code apply, use Code 26. Also see Item 215 information, PAM Section 2.36.
32	Adoption
33	Union Activity
34	Federal Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), or Pregnancy Disability Leave (PDL)
35	State Disability Insurance Leave – employee eligible for FMLA, CFRA ,or PDL benefits
36	State Disability Insurance Leave – employee NOT eligible for FMLA, CFRA, or PDL benefits

For S55 – LEAVE OF ABSENCE – SPECIAL

Code	Description
20	U.S. Merchant Marine Service
21	Full-time Red Cross Employment
22	Military Substitute Service
23	Peace Corps or Vista Service
29	Veteran’s Education
30	Technical Cooperation Program (per GC Section 19991.2)

For S80 – TERMINATION – ILLEGAL APPOINTMENT

Code	Description
25	Illegal Appointment under GC Section 19257.5
31	Illegal Appointment under GC Section 19257

Additional Information: In 04/79, codes 27 and 28 replaced code 24, which read: Permanent intermittent employee was requested three times to report and did not report; or permanent intermittent in non-pay status for over one year, not broken by a temporary separation. (NOPA printed: "FAILED TO REPORT FOR INTERMITTENT WORK.")

Section 2.76: ITEM 603 – REASON FOR SEPARATION [CONTINUED] (Revised 04/15)

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION EXPIRATION HOURS	FIXED MAINTENANCE FIRST / FINAL DED.
	06	MMYY	DAB	HOURB	HDTH	DAB	HOURB	HDTH	(B) (V)	DAB	HOURB	HDTH	DAB	HOURB	HDTH						MONTHLY DED.
	603	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624

2. Turnaround PAR

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION EXPIRATION HOURS	FIX MAINTENANCE FIRST / FINAL DED.
	TO		MMYY	DAB	HOURB	HDTH	DAB	HOURB	HDTH	(B) (V)	DAB	HOURB	HDTH	DAB	HRS	HDTH					MM/DD/YY	
	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622

3. Turnaround PAR – Change/Update/Corrections

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION EXPIRATION HOURS	FIX MAINTENANCE FIRST / FINAL DED.
	TO		MMYY	DAB	HOURB	HDTH	DAB	HOURB	HDTH	(B) (V)	DAB	HOURB	HDTH	DAB	HRS	HDTH					MM/DD/YY	
	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622

Section 2.78: ITEM 605 – PAY PERIOD (Revised 10/84)

Description: Identifies multiple pay periods corresponding to the time shown in Item 606 – Time to be Paid (New).

Required: For A01, A02, and A30-A35 Immediate Pay Appointments when requesting pay for up to a maximum of three pay periods.

Enter: The month and year (MM/YY) that corresponds to the time shown in Item 606 – Time to be Paid (New).

Additional Information: If no entry is made, it is assumed the pay is requested for the pay period shown in Item 201 – Effective Date and Hours.

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAB	HOURB	HDTH	607 DAB	HOURB	HDTH	615	620 DAB	HOURB	HDTH	625 DAB	HOURB	HDTH	630	635	636	645	655
		05/84 06/84 07/84							(B) (V)											MONTHLY DED.

2. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAB	HOURB	HDTH	607 DAB	HOURB	HDTH	615	620 DAB	HOURB	HDTH	625 DAB	HOURB	HDTH	630	635	636	645	655
		07/84 08/84							(B) (V)											MONTHLY DED.

Description: This item shows regular time to be paid for the current position number, salary, and/or time base for the pay period of action. (If Semi-Monthly, pay period of action is either the first or second half.)

Required: *NEGATIVE AND POSITIVE ATTENDANCE EMPLOYEES***

1. All Immediate Pay Appointments.
2. All Separation Transactions.
EXCEPTION: Do not complete this item for an S49 Transaction if employee is paid by positive attendance (Roll Codes 3-8).**
3. 715 Transaction (Roll Codes 1, 2, and 8).

*NEGATIVE ATTENDANCE EMPLOYEES ONLY***

4. All transactions when the effective date (Item 210) reflects a part of the day; that is, it contains hours, BOB (beginning of business) or COB (close of business).
5. All transactions when pay is more or less than normal for the pay period due to docks or Alternate/Irregular work shifts.
6. All transactions when Item 607 – Time to be Paid (Old), is completed per item requirements.
7. 565 Transaction – Job codes 2, 4, 5, 6 – Refer to Section 5 Documentation of Workers' Compensation (TD/IDL).
8. Any A02, A03, A12, and A30-A33 Transactions returning the employee from any temporary separation.
9. 340 and 341 Transactions.
10. All Appointment Transactions returning the employee from Adverse Suspension (S85).

Enter: The time to be paid as indicated below.

To ensure accurate processing of data, complete this item as follows:

- “DAS”: Express as two digits
 “HOURS”: Express as three digits (or NON)
 “HDTH”: Express as two digits

If time to be paid is none, enter ‘NON’ in the “HOURS” column and do not make an entry in “DAS” or “HDTH”.

If Salary Per** (Item 310) is:	(Per PPM Section D) Express in:
M – Month	Day, hours, tenths
D – Day	Days, hours, hdths
H – Hour	Hours, hdths
U – Unit	Number of units (enter in “HOURS” column)
O – Other	Number of units (enter in “HOURS” column)
***Multiple Hourly Rate	Place alpha letter in “DAS” column and time to be paid in “HOURS” column. This identifies the rate at which time is to be paid.

Entries Defined: If employee has odd days off, refer to PTM Section 657 BEFORE completing this item.

Match “Required” conditions from Section 2.79 with numeric entries below.

For #1 – Immediate Pay Appointments – Complete with regular time to be paid for a maximum of three pay periods. The time must correspond with the pay periods shown in Item 605.

For #2 – Separation Transactions – Complete with regular time to be paid up through the effective date of action only. Do not include any time worked after the effective date of action (i.e., reinstatement later in the same pay period).

For #3, 4, 5, or 6 – Transactions – Complete with regular time to be paid from the current position number and/or time base for the pay period of action.

For #7 – 565 Transactions – Refer to Section 5 – Documentation of Worker’s Compensation (TD/IDL), Sections 5.38-5.38.1.

For #8 – Reinstatement Transactions from any temporary separation:

- *SAME* pay period as temporary separation – Complete with total regular time* to be paid for the pay period of the effective date. (Not to include intervening time worked.)
- *DIFFERENT* pay period than temporary separation – Complete with regular time* to be paid from the effective date of reinstatement through the end of the pay period. (Not to include any intervening time worked.)

For #9 – 340 Transactions – Complete as follows:

- *10 month employee* who did not elect 10/12 option – Complete with time in pay status up to the effective date of action.
- *10/12 month employee* who is not entitled to a full 12 months of payment due to numerous docks or a late start – Complete with “NON” in the “HOURS” column.

For #9 – 341 Transactions – Complete with total time in pay status for the pay period of the effective date.

For #10 – Reinstatement Transactions from Adverse Suspension effective in:

- *SAME* pay period as S85 – Complete with total time in pay status for the pay period of the effective date.
- *DIFFERENT* pay period on S85 – Complete with time in pay status from effective date of reinstatement through the end of the pay period.

Additional Information: Information entered in this item will turnaround on the PAR in Line 10 – Remarks for separation transactions only.

*Regular time is considered time worked and/or credits used prior to and/or after reinstatement from a leave status.

** See Payroll Procedures Manual, Section D, for information on positive and negative attendance reporting.

***Use rates and alpha letters from Line 8/9, Item 955 – Multiple Hourly Rate.

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS	HOURS	HDTH	607 DAS	HOURS	HDTH	615	620 DAS	HOURS	HDTH	625 DAS	HOURS	HDTH	630	635	636	645	655	
			12	001	70				(B) (V)												

2. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS	HOURS	HDTH	607 DAS	HOURS	HDTH	615	620 DAS	HOURS	HDTH	625 DAS	HOURS	HDTH	630	635	636	645	655	
			NON						(B) (V)												

3. Turnaround PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS	HOURS	HDTH	607 DAS	HOURS	HDTH	615	620 DAS	HOURS	HDTH	625 DAS	HOURS	HDTH	630	635	636	645	655	
			00	081	25				(B) (V)												

Section 2.80: ITEM 607 – TIME TO BE PAID (OLD) (Revised 08/87)

Description: This item shows regular time to be paid from the prior position number, salary, or time base when employee occupied more than one position number, salary, and/or time base in the same pay period of action. (If Semi-Monthly, pay period of action is either the first or second half.)

Required: Only when PAR meets the above conditions for:

*NEGATIVE AND POSITIVE ATTENDANCE EMPLOYEES***

1. All Separation Transactions (When immediate payment is being requested from the previous position number, refer to Line 8/9, Item 958.)
2. Appointment to an Agricultural Association (Agency 014, Reporting Unit 000) from any other department.

*NEGATIVE ATTENDANCE EMPLOYEES ONLY***

1. All transactions when the effective date (Item 210) reflects a part of the day; that is, it contains hours, BOB (beginning of business) or COB (close of business).
2. All transactions when pay is more or less than normal for the pay period due to docks or Alternate/Irregular work shifts.

Enter: The time to be paid as indicated below.

To ensure accurate processing of data, complete this item as follows:

“DAS” Express as two digits
 “HOURS”: Express as three digits (or NON)
 “HDTH”: Express as two digits

If time to be paid is none, enter ‘NON’ in the “HOURS” column and do not make an entry in “DAS” or “HDTH”.

If Salary Per** (Item 310) is:	(Per PPM Section D) Express in:
M – Month	Day, hours, tenths
D – Day	Days, hours, hdths
H – Hour	Hours, hdths
U – Unit	Number of units (enter in “HOURS” column)
O – Other	Number of units (enter in “HOURS” column)
***Multiple Hourly Rate	Place alpha letter in “DAS” column and time to be paid in “HOURS” column. This identifies the rate at which time is to be paid.

Entries Defined: For “Required” conditions #1, 2, 3, or 4 – Complete with regular time to be paid from employee’s prior position number and/or salary and/or time base for the same pay period of action.

If the employee was in three or more position numbers and/or salaries and/or time bases for the same pay period, enter only the time worked in the last position up to but not including the effective date of the most recent position, salary, or time base.

Additional Information: Information entered in this item will turnaround on the PAR in Line 10 – Remarks, for Separation Transactions only.

**See Payroll Procedures Manual, Section D, for information on positive and negative attendance reporting.

***Use rates and alpha letters from Line 8/9, Item 955 – Multiple Hourly Rate.

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
		MM/YY	DAS	HOURS	HDTH	DAS	HOURS	HDTH	IMMED.	DAS	HOURS	HDTH	DAS	HOURS	HDTH					
						05	001	50												
									(B)											
									(V)											

2. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
		MM/YY	DAS	HOURS	HDTH	DAS	HOURS	HDTH	IMMED.	DAS	HOURS	HDTH	DAS	HOURS	HDTH					

3. Turnaround PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
		MM/YY	DAS	HOURS	HDTH	DAS	HOURS	HDTH	IMMED.	DAS	HOURS	HDTH	DAS	HOURS	HDTH					
						00	012	25												

Section 2.81: ITEM 615 – PAY IMMEDIATELY (Revised 05/08)

Description: This item is used to request immediate payment of regular pay (Item 606) for the month of separation or for Pay Appointments.

Required:

- For A01, A02, and A30-A35 Immediate Pay Appointments.
- For S01-S41, S50-S56, S70-S80, and S90-S95 Transactions when immediate pay is desired. *DO NOT COMPLETE THIS ITEM IF SEPARATION PAYMENT HAS ALREADY BEEN REQUESTED OR PAID.*

DO NOT COMPLETE THIS ITEM when separation is for:

- ♦ Printing Rate classes at the State Printing Plant
- ♦ Casual Employment Trade Rate Classes
- ♦ Variable Pay Schedule Classes

Instead, submit proper documentation to Payroll Services, requesting any regular payment for month of separation (including overtime. Payment for California Conservation Corps).

Separation PAR must be submitted at the SAME time as or BEFORE the payroll document is submitted.

Length: 1 character

Enter: "X" for immediate payment.

Additional Information: Item 615 is not completed when requesting payment only for lump sum vacation, sick leave, or extra hours (Items 620 or 625).

Information entered in this item will turnaround in Line 10 – Remarks.

Example:

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE		
	603	605 MM/YY	606 DAB	HOURB	HDTH	607 DAB	HOURB	HDTH	615	620 DAB	HOURB	HDTH	625 DAB	HOURB	HDTH	630	635	636	646	655
							X													
																		HOURS	MONTHLY DED.	

Section 2.82: ITEM 620 – LUMP SUM TO BE PAID (Revised 05/05)

Description: Identifies the amount of time being requested as lump sum payment of vacation, annual leave, personal leave, and/or sick leave.

Required: On a Separation Transaction when:

1. Requesting Lump Sum Vacation/Annual Leave/Personal Leave Payment; **OR**
2. Requesting Lump Sum Sick Leave Payment only when employee is entitled to permanent disability compensation per GC Section 19991.4 on S32, S56, or S71 Transactions

Enter: **Vacation:** Enter lump sum due an employee based on the effective date of separation.

Note: DO NOT enter “NON” in Lump Sum fields if no pay is being requested. Leave blank.

To ensure accurate processing of data, complete this item as follows:

- “DAS”: Express as two digits
 “HOURS”: Express as three digits (or NON)
 “HDTH”: Express as two digits

Note: If the total lump sum vacation time to be paid is greater than 99 days, enter 99 in the lump sum days field and convert the remaining days beyond 99 into hours. Add the hours to any other lump sum vacation hours to be paid and enter in the lump sum hours field.

If employee has over 99 days 999 hours (vacation, annual leave, PLP) – Item 620 should reflect 99 DAYS 999 HOURS and Item 215 must reflect total vacation, annual leave, and PLP time.

EXAMPLE: LSV=345D7H (345 days 7 hours). The PAR must be submitted to PPSD to be manually keyed. Additional time SHOULD NOT be reflected in Item 625. Item 625 is for CTO, holiday credit, and/or excess hours only.

Example:

#	TIME BASE	VACATION/ANNUAL LEAVE HOURS
1	FULL TIME – Express in days, hours, and tenths/hundredths of an hour.	36 ¼ hours =

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST / FINAL DED.
		MM/YY	DAS	HOURS	HDTH	DAS	HOURS	HDTH		DAS	HOURS	HDTH	DAS	HOURS	HDTH				MM/YY	MM/YY	MONTHLY DED.
										04	004	25									

2. Turnaround PAR – Example of where this entry displays

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST / FINAL DED.
	TO		MM/DD/YY	DAS	HOURS	HDTH	DAS	HOURS	HDTH		DAS	HOURS	HDTH	DAS	HOURS	HDTH				MM/DD/YY	MM/DD/YY	MONTHLY DED.
										04	004	25										

Example:

Example #	TIME BASE	VACATION/ANNUAL LEAVE HOURS
1	FULL TIME – Express in days, hours, and tenths/hundredths of an hour.	1004 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS HOURS HDTH	607 DAS HOURS HDTH	615	(B) 99 212 00 (V)	620 DAS HOURS HDTH	625 DAS HOURS HDTH	630	635	636	645 HOURS MONTHLY DED. 655

Example #	TIME BASE	VACATION/ANNUAL LEAVE HOURS
2	PART TIME – Express in days, hours, and tenths/hundredths of an hour.	If fraction is 1/2 then 38 2/3 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS HOURS HDTH	607 DAS HOURS HDTH	615	(B) 09 002 70 (V)	620 DAS HOURS HDTH	625 DAS HOURS HDTH	630	635	636	645 HOURS MONTHLY DED. 655

Example #	TIME BASE	VACATION/ANNUAL LEAVE HOURS
3	PART TIME – Express in days, hours, and tenths/hundredths of an hour.	If fraction is 1/2 then 522 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS HOURS HDTH	607 DAS HOURS HDTH	615	(B) 99 126 00 (V)	620 DAS HOURS HDTH	625 DAS HOURS HDTH	630	635	636	645 HOURS MONTHLY DED. 655

Example #	TIME BASE	VACATION/ANNUAL LEAVE HOURS
4	HOURLY – Do not convert to days. Express in hours and tenths/hundredths of an hour.	136 2/3 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.
	603	605 MM/YY	606 DAS HOURS HDTH	607 DAS HOURS HDTH	615	(B) 00 136 70 (V)	620 DAS HOURS HDTH	625 DAS HOURS HDTH	630	635	636	645 HOURS MONTHLY DED. 655

Enter: SICK LEAVE
 Enter lump sum due only if employee is entitled to permanent disability compensation (per GC Section 19991.4).

Note: DO NOT enter “NON” in Lump Sum fields if no pay is being requested. Leave blank.

To ensure accurate processing of data, complete sick leave portion as follows:

- “DAS”: Express as three digits
- “HOURS”: Express as four digits
- “HDTH”: Leave blank

Example:

Example #	TIME BASE	LUMP SUM TO BE PAID
1	Express in days and hours.	45 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED.	LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE			
	603	605 MMYY	606 DAB	HOURS	HDTH	607 DAB	HOURS	HDTH	615 (0) 005 0005	620 DAB	HOURS	HDTH	625 DAB	HOURS	HDTH	630	635	636	645
															HOURS	MONTHLY DED.			

Additional Information: To prevent an overpayment, the following transactions must be sent to PSD for special handling:

- Voids of any separation and reposting with a different effective date and Lump Sum Hours (Item 620) and/or Lump Sum Extra Hours (Item 625) was entered on the original separation.

When an employee's separation includes lump sum to be paid and 'Item 350' (Special Pay) and/or 'Item 351' (Established Earnings) reflects a premium pay that is not eligible for inclusion in lump sum, refer to 'Item 962' (Separation Pay At Alternate Salary Rate).

Refer to PAM Section 5.75 – Lump Sum Vacation Payment, for documentation instructions to defer Lump Sum pay to the next tax year.

**CONVERSION CHART
 (Tenths of Hours)**

Minutes	Tenths
0-6	.1
7-12	.2
13-18	.3
19-24	.4
25-30	.5
31-36	.6
37-42	.7
43-48	.8
49-54	.9
55-60	1.0

CONVERSION CHART (HUNDRETHS OF HOURS)

MINUTES	HUNDRETHS
01	.02
02	.03
03	.05
04	.07
05	.08
06	.10
07	.12
08	.13
09	.15
10	.17
11	.18
12	.20
13	.22
14	.23
15	.25
16	.27
17	.28
18	.30
19	.32
20	.33
21	.35
22	.37
23	.38
24	.40
25	.42
26	.43
27	.45
28	.47
29	.48
30	.50
31	.52
32	.53
33	.55
34	.57
35	.58
36	.60
37	.62
38	.63
39	.65
40	.67
41	.68
42	.70

MINUTES	HUNDRETHS
43	.72
44	.73
45	.75
46	.77
47	.78
48	.80
49	.82
50	.83
51	.85
52	.87
53	.88
54	.90
55	.92
56	.93
57	.95
58	.97
59	.98
60	1.00 hr.

Section 2.83: ITEM 625 – LUMP SUM EXTRA HOURS (Revised 09/03)

Description: Identifies the amount of time being requested as lump sum payment for CTO, holiday credit, personal holiday, Saturday holiday, and/or excess hours.

Required: For Separation Transactions when requesting lump sum pay for CTO, holiday credit, personal holiday, Saturday holiday, and/or excess hours.

Enter: Enter the amount of lump sum extra hours due employee.

Note: DO NOT enter “NON” in Lump Sum fields if no pay is being requested. Leave blank.

To ensure accurate processing of data, complete this item as follows:

“DAS”: Express as two digits

“HOURS”: Express as three digits

“HDTH”: Express as two digits

Note: If the total lump sum extra time to be paid is greater than 99 days, enter 99 in the lump sum days field and convert the remaining days beyond 99 into hours. Add the hours to any other lump sum extra hours to be paid and enter in the lump sum extra hours field.

Additional Information: To prevent an overpayment, the following transactions must be sent to PPSD for special handling:

- Voids of any separation and reposting with a different effective date and Lump Sum Hours (Item 620) and/or Lump Sum Extra Hours (Item 625) was entered on the original separation.

When an employee's separation includes lump sum to be paid and 'Item 350' (Special Pay) and/or 'Item 351' (Established Earnings) reflects a premium pay that is not eligible for inclusion in lump sum, refer to 'Item 962' (Separation Pay At Alternate Salary Rate).

Refer to PAM Section 5.76 – Lump Sum Payment Deferral for documentation instructions to defer Lump Sum pay to the next tax year.

Example:

Example #	TIME BASE	CTO, HOLIDAY CREDIT, PERSONAL HOLIDAY, SATURDAY HOLIDAY, AND/OR EXCESS HOURS
1	FULL TIME – Express in days, hours, and tenths/hundredths of an hour.	36 ½ hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
							04 004 50				HOURS	MONTHLY DED.
	603	605 MM/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HOURS HDTH	630	635	636	645	655

Turnaround PAR – Example of where this entry displays

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
								04 004 50				HOURS	FIRST / FINAL DED. MONTHLY DED.
	TO	603	605 MM/DD/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HRS HDTH	630	635	636	645 MM/DD/YY	655

Example #	TIME BASE	CTO, HOLIDAY CREDIT, PERSONAL HOLIDAY, SATURDAY HOLIDAY, AND/OR EXCESS HOURS
2	FULL TIME – Express in days, hours, and tenths/hundredths of an hour.	1004 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
							99 212 00				HOURS	MONTHLY DED.
	603	605 MM/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HOURS HDTH	630	635	636	645	655

Example #	TIME BASE	CTO, HOLIDAY CREDIT, PERSONAL HOLIDAY, SATURDAY HOLIDAY, AND/OR EXCESS HOURS
3	PART TIME – Express in days, hours, and tenths/hundredths of an hour.	If fraction is ½ then 38 ½ hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
							09 002 50				HOURS	MONTHLY DED.
	603	605 MM/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HOURS HDTH	630	635	636	645	655

Example #	TIME BASE	CTO, HOLIDAY CREDIT, PERSONAL HOLIDAY, SATURDAY HOLIDAY, AND/OR EXCESS HOURS
4	PART TIME – Express in days, hours, and tenths/hundredths of an hour.	If fraction is ½ then 522 hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
							99 126 00				HOURS	MONTHLY DED.
	603	605 MM/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HOURS HDTH	630	635	636	645	655

Example #	TIME BASE	CTO, HOLIDAY CREDIT, PERSONAL HOLIDAY, SATURDAY HOLIDAY, AND/OR EXCESS HOURS
5	HOURLY – Do not convert to days. Express in hours and tenths/hundredths of an hour.	136 ¾ hours =

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
							00 136 75				HOURS	MONTHLY DED.
	603	605 MM/YY	606 DAB HOURS HDTH	607 DAB HOURS HDTH	615	620 DAB HOURS HDTH	625 DAB HOURS HDTH	630	635	636	645	655

Section 2.84: ITEM 630 – LUMP SUM PAYMENT CODE (Revised 09/03)

Description: This item identifies the type of payment to be made when lump sum is to be paid from a unit and/or serial number other than the regular position number shown in Item 121 and/or 123.

Required: When lump sum is to be paid from unit and/or serial number shown in Item 635/636.

Length: 1 character

Enter: The appropriate code:

Code	Description
1	Vacation/Annual Leave/Personal Leave
2	Personal Holiday/Saturday Holiday/Extra Hours
3	Vacation/Annual Leave/Personal Leave/Personal Holiday/Saturday Holiday/Extra Hours
4	Sick Leave
5	Vacation/Annual Leave/Personal Leave/Sick Leave
6	Personal Holiday/Saturday Holiday/Extra Hours/Sick Leave
7	Vacation/Annual Leave/Personal Leave/Personal Holiday/Saturday Holiday/Extra Hours/Sick Leave

Additional Information: Refer to PAM Section 5.76, Lump Sum Payment Deferral, for documentation instructions to defer Lump Sum pay to the next tax year.

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE
		MMYY	DAS	HOURB	HDTH	DAS	HOURB	HDTH	(B) (V)	DAS	HOURB	HDTH	DAS	HOURB	HDTH	5			MM/DD/YY	RST / FINAL DED. MONTHLY DED.
	633	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653

2. Turnaround PAR

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE
	TO		MM/DD/YY	DAS	HOURB	HDTH	DAS	HOURB	HDTH	(S) (V)	DAS	HOURB	HDTH	DAS	HRS	HDTH	5			MM/DD/YY	FIRST / FINAL DED. MONTHLY DED.
	632	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653

3. Turnaround PAR – Change/Update/Corrections

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE
	TO		MM/DD/YY	DAS	HOURB	HDTH	DAS	HOURB	HDTH	(S) (V)	DAS	HOURB	HDTH	DAS	HRS	HDTH	5			MM/DD/YY	FIRST / FINAL DED. MONTHLY DED.
	632	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653

Section 2.85: ITEM 635/636 – LUMP SUM UNIT/SERIAL (Revised 03/02)

Description: This item identifies the unit and/or serial number from which lump sum is to be paid when different than the regular position number shown in Item 121 and/or 123.

Required: For the following transactions when lump sum is to be paid from a different unit and/or serial number than shown in Item 121 and/or 123:

- Separation Transactions S01-S41, S52, S56, S70-S80, S90, and S95.

Length: Up to 6 characters

Enter:

- Item 635 – The unit number (3 characters) for which lump sum payment is to be made, and/or
- Item 636 – The serial number (3 characters) for which lump sum payment is to be made.

Example:

1. Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE		FIXED MAINTENANCE
	603	605 MM/YY	606 DAB	HOURB	HDTH	607 DAB	HOURB	HDTH	615	620 DAB	HOURB	HDTH	625 DAB	HOURB	HDTH	630	635	636	645	HOURS	655
									(B) (V)								015001				

2. Turnaround PAR

6	FROM	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE		FIX MAINTENANCE
	TO	603	605 MM/DD/YY	606 DAB	HOURS	HDTH	607 DAB	HOURS	HDTH	615	620 DAB	HOURS	HDTH	625 DAB	HRS	HDTH	630	635	636	645	MM/DD/YY	655
									(S) (W)													

Section 2.86: ITEM 645 – SEPARATION EXPIRATION DATE AND HOURS (Revised 11/05)

Description: Indicates the last day employee may be on a temporary separation.

Required: For S50-S85 Transactions
 “Hours” is required when Item 210 show hours and separation is for maximum time allowable (see example).

Enter: “Date” – (MM/DD/YY) of expiration.
 “Hours” – When REQUIRED, enter the same number of hours as shown in Item 210 (un-shaded area). “COB” or “BOB” are not accepted in “Hours” column; therefore, the expiration date will be understood “COB” unless hours are shown.

Additional Information: For S50, S54, S56, S57, or S85 Transactions, the effective date of reinstatement must be no later than the day following the date in Item 645. The dates of reinstatement and employee's first scheduled work day may differ if the reinstatement date falls on employee's regularly scheduled day off (i.e., Saturday, Sunday, or Holiday).

Note: For S50 Transaction and Reason for Separation, Item 603, is 35 or 36 enter the anticipated return date if known. If not known, enter the date that is 1 year from the S50 Transaction Effective Date, Item 210. If a new effective date, S50 Transaction is processed to change Reason for Separation Code 35 or 36 or vice versa, the Separation Expiration Date must not be more than 1 year from the original S50 Effective Date.

Example: Maximum time allowable is one year and Item 210 shows 04/20/05. Employee's reinstatement must be no later than 04/21/06.

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.	
	603	605 MM/YY	606 DAB	HOURS	HDTH	607 DAB	HOURS	HDTH	615	(B) (U)	620 DAB	HOURS	HDTH	625 DAB	HOURS	HDTH	630	635	636	645	655
																				04/20/06	MONTHLY DED.
																				HOURS	

Maximum time allowable is one year and Item 210 shows 04/20/05 BOB.
 Employee's reinstatement must be no later than 04/20/06.

Padded PAR

6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE RRST / FINAL DED.	
	603	605 MM/YY	606 DAB	HOURS	HDTH	607 DAB	HOURS	HDTH	615	(B) (U)	620 DAB	HOURS	HDTH	625 DAB	HOURS	HDTH	630	635	636	645	655
																				04/19/06	MONTHLY DED.
																				HOURS	

Section 2.87: ITEM 655 – FIXED MAINTENANCE (Revised 11/86)

Description: The fixed maintenance amount to be deducted each pay period for rent, room and board, etc.

Required: When fixed maintenance is to be deducted from employee's pay. This item may only be completed when processing an appointment or separation.

Enter: First/Final Deduction

- Appointment – Enter one-time deduction amount if less than full monthly amount due. In addition, Monthly Deduction column must be completed.
- Separations – Enter one-time deduction amount if less than full monthly amount due. Do not complete Monthly Deduction column.

Monthly Deductions

- Appointment – Enter the full monthly amount.

Additional Information: Change in fixed maintenance deductions must be reported on Form 650 per the State Controller's Payroll Procedure Manual (PPM), Section H 650.

Example:

Padded PAR

6

REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)			TIME TO BE PAID (OLD)			PAY IMMED.	LUMP SUM TO BE PAID			LUMP SUM EXTRA HOURS			LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST/FINAL DED.
603	605 MMYY	606 DAB	HOURS	HDTH	607 DAB	HOURS	HDTH	616 (B) (V)	620 DAB	HOURS	HDTH	625 DAB	HOURS	HDTH	630	635	636	645	658	
																				23.50 MONTHLY DED. 75

Section 2.88: ITEM 705 – TOTAL STATE SERVICE (Revised 11/88)

Description: Indicates employee's total State service used to credit vacation allowances and service awards.

Required: This item is required for a 705 Transaction. It may be completed for any other transaction if shown as conditional on the Required/Conditional Chart.

Enter: "MOS.": Total number months of State service.

"HOURS": Total number hours and tenths of hours of State service.
Entry must be less than 160 hours.

Note: Use this area for intermittent or indeterminate time base employees ONLY. Enter 5 numeric zeros to delete hours shown in shaded area.

"AS OF": MM/DD/YY – 6-digit date through which total State service is computed, not to exceed the date on which the transaction is entered on the data base.

Additional Information: The most recent entry made in this item is the only entry stored on the data base. Personnel Operations does not record previous entries. Therefore, only the shaded area information on the *latest Turnaround PAR* can be corrected (see PAM Section 9 for instructions.).

This item is not audited for proper crediting of total State service.

Example:

1. Padded PAR

TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.	MCP WAVE NUMBER				
MONTHS	HOURS	AS OF	1) THRU	THRU								
705		MM/DD/YY	710 MM/DD/YY	MM/DD/YY	HRB TNTH	715 MM/YY	720	725	728	730	735	740
1	80.5	11/30/88										

2. Turnaround PAR

FROM	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.					
7	MOS	HOURS	AS OF	1) THRU	THRU								
TO	705		MM/DD/YY	710	THRU	HOURS TNTH	715 MM/YY	720	725	728	730	735	740
	1	80.5	11/30/88										

3. Turnaround PAR – Change/Update/Corrections

FROM	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.					
7	MOS	HOURS	AS OF	1) THRU	THRU								
TO	705		MM/DD/YY	710	THRU	HOURS TNTH	715 MM/YY	720	725	728	730	735	740
	2	00000	12/07/88										

Section 2.89: ITEM 710 – INTERMITTENT DATES AND HOURS (Revised 08/05)

Description: Indicates State service hour credits for employees who had or have an intermittent or indeterminate time base.

Required: Hours worked by a Civil Service or Exempt Employee who has or had an intermittent/indeterminate time base, must be reported if one or more of the conditions indicated below exists. (For Exempt Employee – provided exempt time can be credited for state service.) Do not include hours which have already been reported on a previous transaction.

EXCEPTION: This information is not required for a Retired Annuitant appointed under GC Section 19144 subject to GC Section 21224.

1. Appointment to a different class
2. A03 returning employee from NDI Leave (S49) *and* employee worked while on NDI
3. 325 Transaction when a new HAM (Hiring Above Minimum) is authorized or changed *and* new anniversary date must be established
4. 335 Transaction for employee in a deep class or when salary rule indicates a new anniversary date must be established
5. 710, MSA, or SIS Transactions
6. S01 through S95 Transactions
7. Transactions requiring seniority information
8. Appointing power change. (Completed at the Department's discretion on an A13 Transaction)
9. For transactions involving a time base change from intermittent to full time, part time, or indeterminate (Complete for change from indeterminate time base only if Line 8/9, Item 891 – Indeterminate Service Accumulation, showed "HOURS")
10. For additional position(s) when a condition above exists and the total of the employee's time bases are full time or less

Enter: *Dates, hours, and tenths of hours* of State service not previously reported up to the effective date of the transaction being reported. (Enter *oldest* dates and hours on first line. *Partial* beginning and/or ending pay periods must be reported as *separate* line entries.

If there are no hours of State service to be reported, *enter dates and 000* for hours. For an appointment with an intermittent time base, the effective date of the initial appointment is always the day on which the employee enters upon the duties *and* the beginning date entered in Item 710, Line 1 must agree with that effective date when intermittent dates and hours for that appointment are being reported.

Additional Information: When reporting intermittent dates and hours for either partial and/or complete pay periods, enter *only those hours* the employee was paid *between the beginning and ending dates* shown in Item 710 not to exceed a maximum of 160 hours per pay period. *Do not include* any hours (i.e., carry-over hours) which were reported on a previous transaction. (When carry-over hours reported on a previous transaction are added to and included in with hours being reported in Item 710, the employee receives double credit/benefit for them as they are being reported twice.)

- *For MSA and SIS Transactions:* Carry-over hours (if any) must be entered in Item 215 – Employment History Remarks, *unless* employee is going to MAX. *Do not* enter carry-over hours in Item 215 if employee is going to MAX. (See Item 215, PAM Section 2.36.)
- The system will *not* accept an entry of more than 9,999.9 hours per line in Item 710. See "Additional Information" (Example #3) when reporting hours in excess of 9,999.9 hours per line in Item 710. Tenths of an hour must be expressed as a single digit.

Daily rate classes must show hours in Item 710. Multiply the actual number of days worked (regardless of number of hours Worked per day) by 8 to determine the number of hours to be entered in Item 710. Entry cannot exceed maximum of 160 hours credit per pay period. The Line 10 Item – On File for Audit, must be checked on the transaction and the computation must be on file with the department. (See computation example immediately below.)

Daily Rate Example: If Item 710 shows:

- Intermittent Dates, Hours, and Tenths: 04/15/99 thru 04/30/99 = 80 HRS

Computation may show:

- Actual Days: 10
- Actual Hours: 50

Example 1:

Event	Effective Date	Intermittent Dates, Hours, and Tenths	Hours
Appointed full time	07/09/98	(None)	(No hours to be reported)
Time base change to intermittent	09/23/98	(None)	(No hours to be reported)
Appointed to different class as intermittent	11/05/98	**09/23/98-09/30/98	46.5 hours
		10/01/98-10/31/98	153.8 hours
		**11/01/98-11/04/98	32 hours
Time base change to full time	05/25/99	**11/05/98-12/01/98	144.2 hours
		12/02/98-04/30/99	789.7 hours
		**05/01/99-05/24/99	117.3 hours

Example 2a:

Event	Effective Date	Intermittent Dates, Hours, and Tenths	Hours
Appointed (intermittent employee) SISA	05/22/98	(None)	(No hours to be reported)
	12/02/98	**05/22/98-05/31/98	45.2 hours
		06/01/98-12/01/98	925.3 hours (carry-over = 10.5 hours)

****Important Reminder:** Partial beginning and/or ending pay periods MUST be reported as separate line entries.

Example 2b: Carry-over hours (already reported in employment history) are counted toward an **MSA** by adding them to, **not into**, the hours reported in Item 710. (See example below.)

Event	Effective Date	Intermittent Dates, Hours, and Tenths	Hours
Appointment (intermittent employee) SISA	05/04/98	(No hours to be reported)	45.2 C/O hours 925.3 C/O hours
	12/02/98	05/04/98-05/31/98	925.3 hours (+) 45.2 = 970.5 hours
		06/01/98-12/01/98	970.5 hours (-) 960 = 10.5 carry-over hours

970.5 (total hours actually worked from 05/04/98 through 12/01/98) minus 960 (number of hours required for SISA) leaves a carry-over (C/O) of 10.5 hours which is to be posted in PAR Item 215 (PAM 2.37) and counted toward MSA.

Event	Effective Date	Intermittent Dates, Hours, and Tenths	Hours
MSA	02/01/00	12/02/98-01/31/00	1913.5 hours
			1913.5 hours (+) 10.5 = 1924 hours
			1924.0 hours (-) 1920 = 4 C/O hours

1,913.5 (total hours actually worked from 12/02/98 through 01/31/00) and the 10.5 C/O hours from the 12/02/98 SISA are added together and equal 1924 hours.

1920 (number of hours required for a MSA) is subtracted from the 1924 hours leaving a C/O of 4 hours which is to be posted in PAR Item 215 (PAM 2.37) and counted toward next MSA.

Example 3: The system will not allow an entry reporting intermittent hours for multiple complete consecutive pay periods (which would normally be reported on one line in Item 710) when the hours exceed 9999.9. When this situation occurs, the hours and corresponding pay periods must be divided and reported as two or more line entries in Item 710. (See example below):

Intermittent employee received MSA to MAX: 05/01/92
 Employee appointed to another class: 04/16/99

Hours for "from" class must be reported on new appointment (in Item 710) covering time from 05/01/92 through 03/31/99 – 10,151.9 hours and from 04/01/99 through 04/15/99 – 73.5 hours.

Item 710

Incorrect Documentation:

Line 1	05/01/92 thru 03/31/99	*10,151.9 hours
Line 2	04/01/99 thru 04/15/99	73.5 hours

*Since the system does not allow more than 9,999.9 hours on a line, the 10,151.9 hours (and corresponding pay periods) must be divided and reported on more than one line as shown below:

Correct Documentation:

Line 1	05/01/92 thru 04/30/96	5,867.7 hours
Line 2	05/01/96 thru 03/31/99	4,284.2 hours
Line 3	04/01/99 thru 04/15/99	73.5 hours

Section 2.90: ITEM 715 – SERVICE PAY PERIOD (Revised 05/22)

Description: Identifies a qualifying or non-qualifying pay period of State service per California Code of Regulations (CCR) 599.608.

Required:

1. When the effective date of a transaction DOES NOT reflect a qualifying or non-qualifying pay period.
2. When reporting a 715 Transaction.
 - to make a pay period non-qualifying*; or
 - to qualify a pay period while on NDI Leave (Employee returns to work for 11 days or more during the pay period, and Line 12 – Employment History, shows less than 11 days on work status); or
 - to qualify a pay period while on SDI leave; or
 - to qualify a pay period or CCC employee on Federally Funded WCTD; or
 - to qualify a pay period while the employee is on furlough and dock (employee's dock time minus furlough time would create a qualifying pay period)
3. When the effective date of a transaction DOES reflect a non-qualifying pay period and the agency is participating in the California Leave Accounting System (CLAS).
 - for temporary separations (S49, S50, S51, S52, S53, S54, S55, S56, S57, and S85); or
 - for all Appointment Transactions returning an employee from a temporary separation (S49, S50, S51, S52, S53, S54, S55, S56, S57, and S85)

Enter: Month/Year (MM/YY) next to:

- “N” for non-qualifying pay period; or
- “Q” for qualifying pay period

Additional Information: *When reporting a non-qualifying pay period resulting from a temporary or permanent separation for more than 11 consecutive working days which fall between two consecutive pay periods (this includes semi-monthly employees), an entry is required in Item 215 – Employment History Remarks (See PAM Section 2.36).

Example:

Turnaround PAR

7	FROM:					INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD										
	TO:	MOS.	TOTAL STATE HOURS	SERVICE AS OF	1) - / / - THRU - / / -	2) - / / - THRU - / / -	3) - / / - THRU - / / -	N 02/85	← SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG.				MCP WAVE NUMBER					
		705		MM/DD/YY	710	MM	DD	YY	MM	DD	YY	HOURS	TNTH	715 MM/YY	720	725	726	730	735	750

Section 2.91: ITEM 720 – SPECIAL PLUS (Revised 08/97)

Description:

1. For transactions effective **before** 7/27/79 or **after** 10/30/84:

THIS ITEM IS NOT USED

2. For transactions effective 7/27/79 **through** 10/30/84:

This term is computer generated only and applies to Civil Service, CalHR exempt, and Judicial Council employees. It does not apply to employees in non-career classes (pay scale footnote 22). Information shown in this item reflects the Special GSI plus salary for lower paid employees as described in CalHR Pay Scales (Schedule C). The Special Plus will normally change whenever Item 320 (Based on Salary) changes and will be included in the total salary shown in Item 306 on the turnaround PAR.

Line 12 – Employment History, will print the Special Plus in the Plus Salary column. An 'S' will appear to the right of the salary to indicate the Special Plus. If the employee also has a regular plus salary, the two pluses will be added together and the total plus salary with an 'S' will be printed.

Section 2.92: ITEM 725 – REEMPLOYMENT LIST CLASS (Revised 11/91)

Description: This item denotes the last class in which reemployment eligibility was granted.

Required:

1. When reemployment list eligibility is granted and reporting:
 - transfer, demotion, or separation of Civil Service employee; or
 - A30-A35 Transactions for Civil Service employee;

OR
2. When any of the above actions were documented prior to the effective date of layoff. (In this case, submit a corrected transaction – when the layoff goes into effect.)

Length: 4 characters

Enter: Class code (4 digits) of permanent class employee is leaving.

Additional Information: If employee has reemployment eligibility in more than one class, send a Form CalHR-016 to CalHR for all classes in addition to completing this item.

If Civil Service employee is moving to exempt appointment and reemployment list eligibility was granted, complete this item, and in addition, send a Form DPA-016 to CalHR.

Example:

Padded PAR

7	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST ELIG.		MCP WAVE NUMBER		
	MONTHS	HOURS	AS OF	1)	THRU	HRS	TNTH	715	MMYY	720	725	728	730	735	750	
												5157				
	705		MMDDYY	710	MMDDYY	MMDDYY										

Section 2.93: ITEM 728 – LOG NUMBER (Revised 02/86)

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections

Section 2.94: ITEM 730 – REEMPLOYMENT LIST ELIGIBILITY (Revised 11/91)

Description: This item represents the type of reemployment list eligibility the employee has been granted. This becomes a part of the history record on Line 12 along with the class and effective date of reemployment list eligibility.

Required:

1. When reemployment list eligibility is granted and reporting:
 - transfer, demotion, or separation of Civil Service employee; or
 - A30-A35 Transactions for current employee;

OR
2. When any of the above actions were documented prior to the effective date of layoff. (In this case, submit a corrected transaction when the layoff goes into effect.)

Enter: The appropriate code (up to 3 characters) below that applies to permanent *class* employee is *leaving*:

- SDG: Subdivisional, Departmental, and General
- SG: Subdivisional and General
- SD: Subdivisional and Departmental
- S: Subdivisional
- DG: Departmental and General
- D: Departmental
- G: General

Additional Information: If employee has reemployment eligibility in more than one class, send a Form CalHR-016 to CalHR for all classes in addition to completing this item.

If Civil Service employee is moving to exempt appointment and reemployment list eligibility was granted, complete this item and *in addition*, send a Form CalHR 016 to CalHR.

Example:

Padded PAR

7	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST ELIG.	MCP WAVE NUMBER		
	MONTHS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	HRS	TNTH	715 MMYY	720	725	728	730	735	750
	735		MMDDYY	715 MMDDYY	MMDDYY	MMDDYY							SG		

Section 2.95: ITEM 735 – REEMPLOYMENT SENIORITY SCORE (Revised 02/86)

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections

Section 2.96: ITEM 740 – CONDITIONS OF EMPLOYMENT (Revised 02/86)

Description: This item is not to be used at this time.

Required:

Length:

Enter:

Additional Information:

Example:

1. Padded PAR
2. Turnaround PAR
3. Turnaround PAR – Change/Update/Corrections