

Personnel Action Manual

Section 3

PAR Miscellaneous Change Transactions

Rev. 09/2022



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MISCELLANEOUS CHANGE TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX*

Section 3.100 (Revised 03/22)

Do not document any Miscellaneous Change Transaction with an effective date the same as an existing transaction in Line 12, which allows this information to be changed. Instead, document a correction to the existing transaction in Line 12 (see PAM Section 9.4).

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

See PAM Section 2.209 for inactive/redefined transaction codes.

Code	Title/Description	PAM Section
105	Social Security Number (correction or change)	3.104
120	Position Number (change) <ul style="list-style-type: none">• Use for unit/serial number change for MCR I• Use for unit number (no change in duties for MRC II) v• Use for serial number change for MRC II• Use for serial number change only for a NO MCR class (PTM 350.7)	3.105
126	Collective Bargaining (CB) Identifier Use when employee's collective bargaining status changes and is an exception to the CB Identifier shown for the class in the Pay Scales; or employee is in a "split" (shown in the Pay Scales as U01-U20)	3.106
130	County Code (change)	3.107
215	Employment History Remarks	3.108
315	Pay Frequency (change)	3.109
325	Plus Salary and Expiration Date Use to report initial plus salary and expiration date, changes, or deletions.	3.110
330	Anniversary Date (change)	3.111
335	Alternate Range and Based on Salary (change)	3.112
340	Off Payroll (10/12 Leave – Rule 369)	3.114
341	On Payroll (10/12 Leave – Rule 369)	3.115
345	Shift Differential	3.116
350	Special Pay	3.117
355	Work Week Group (change)	3.118
405	Time Base (change) Do not use for certification process or layoff situation.	3.120

Code	Title/Description	PAM Section
430	Probationary Period Use for civil service employees only. Use to extend probationary period or when intermittent, indeterminate, or fractional time base employee completes probationary period.	3.122
440	Sex (correction or change)	3.123
445	Ethnic Origin (correction) <i>No longer used after 3/7/22.</i>	3.124
455	Disability Code (correction or change)	3.125
505	Retirement System Information (change) Use to report changes of retirement membership. *For Civil Service employee only.	3.126
545	Oath (change)	3.128
550	Medical Clearance (change)	3.129
555	Fingerprints (change)	3.130
560	Professional License (change)	3.131
565	Job Incurred Injury Use to document a job incurred injury. Also use to document any subsequent return to work.	3.132
705	Total State Service (change)	3.134
710	Intermittent Dates and Hours Use for layoff purposes only.	3.135
715	Service Pay Period <ul style="list-style-type: none"> • Use for temporary leaves of 30 calendar days or less (per State Personnel Board (SPB) Rule 361) resulting in a non-qualifying pay period; or • Use for qualifying a pay period while on Non-Industrial Disability Insurance (NDI); or • Use for California Conservation Corps (CCC) employees on Federally funded Worker's Compensation Temporary Disability (WCTD), or pending approval of Federally funded WCTD and pay period is non-qualifying; or • Use for qualifying a pay period while employee is on dock and furlough. • *For Civil Service employee only. 	3.136
GEN	General salary Change (salary range change)	3.139

Code	Title/Description	PAM Section
MHR	Multiple Hourly Rate/Trade Rate Change Use for civil service employee. Use for multiple hourly rate or for trade rate change with or without a multiple hourly rate.	3.140
MSA	Merit Salary Adjustment (MSA) Use for granting MSA, denying MSA, or when denying MSA for lump sum only.	3.142
ORP	Official Reprimand (This transaction is no longer in use.)	3.144
PUN	Adverse Salary Decrease Use for Civil Service employee only.	3.146
R01	Retirement System Transaction (RST) (Initiated by CalPERS / Personnel/Payroll Services Division (PPSD) only.)	3.147
SAL	Other Salary Changes <ul style="list-style-type: none"> • Special adjustments for salary inequities. • CPA/CPS increase. • Restoration of salary following a PUN. 	3.148
SIS	Special In-Grade Salary Adjustment (SISA) Use for granting or denying a SISA.	3.150
SPC	Special Change Use for reporting NDI benefit status other than when employee is on NDI leave.	3.152

105

- To be processed by PPSD only
- Shows on EAR history

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>						
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>						
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPB CBID	
	105		110	111			120			121	122	123	124	126	130	135	140	142
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS						ESTABLISHED EARNINGS						
	205		210			215						IND	ID	IND	ID	IND	ID	IND
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320		325	MM/DD/YY		330	335	340	345	350	355	356		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX	PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416				425	426	430		435		440	445	450	455	
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE		JOB INCURRED INJURY		CODE DATE		
	505	510	515	520	525	530	535	540	545	550	555	560		565				
6 TO	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUHP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 DAS	HRS	607 DAS	HRS	608 DAS	HRS	615	(5) (V)	620 DAS	HRS	625 DAS	HRS	630	635	636	645
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT		REEMPLOYMENT					
	705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY	715 MM/YY	720	725	726	730	735	740			

❖ The current date must be used for 210 when reporting this transaction.

NOTE: To change a Social Security Number or delete an erroneous Social Security Number when employee has more than one on the database, refer to PAM Section 10.9.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Line 10

Refer to PAM pages 2.204 for specific substantiation required on:

1. 105 Transaction (a copy of the signed social security card must be attached)

120

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142	
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
	205			210		215		351	352	353	354	355	356	357	358	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ <input type="text"/>	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF <input type="text"/>	SPECIAL PAY <input type="text"/>	WWG <input type="text"/>	PAY LETTER # <input type="text"/>	PAY LETTER EXPIRATION DATE <input type="text"/>
	306 TOTAL SALARY	310	315	320	325	HH/DD/YY	330	335	340	345	350	355	356	357	358	
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		HCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416		425	426	430		435			440	445	450	455
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH <input type="checkbox"/>	NON CITIZEN <input type="checkbox"/>	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED <input type="checkbox"/>	LUMP SUM TO BE PAID <input type="checkbox"/>	LUMP SUM EXTRAHRS <input type="checkbox"/>	LUMP SUM PAYMENT CODE	LUMP SUM UNIT <input type="checkbox"/>	LUMP SUM SERIAL <input type="checkbox"/>	SEPARATION EXPIRATION DATE	UNIT HOURS	SEPARATION EXPIRATION DATE	UNIT HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
	603	605 HH/YY	606 DAS HRS HDT	607 DAS HRS HDT	615	620 DAS HRS HDT	625 DAS HRS HDT	630	635	636	645		655			
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF <input type="text"/> HH/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / / HOURS HDT	715 HH/YY	720	725	726	730	735	740			

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

886 – Class Title Variation Code

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)

126

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPB CBID	
TO	105	110	111		120	121	122	123	124	126	130	135	140	142		
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			IND	ID	IND	ID	IND	ID	IND	ID	
TO	205	210	*	*	215	○	351	○	352	○	353	○	354	○	355	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
TO	306 TOTAL SALARY	310	315	320	325	HM/DD/YY	330	335	340	345	350	355	356	357	358	
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
TO	405	410	415	416		425	426	430		435			440	445	450	455
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INURRED INJURY CODE	DATE	565	
TO	505	510	515	520	525	530	535	540	545	550	555	560	565	566	567	
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	
TO	603	605 HM/YY	606 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655	656	657	658	
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	REEMPLOYMENT LIST ELIG		
TO	MOS	HOURS	AS OF	HM/DD/YY	3) / / / / / / / /	3) / / / / / / / /	3) / / / / / / / /	715 HM/YY	720	725	726	730	735	740		

* Use when employee's collective bargaining status changes and:

- is an exception to the Collective Bargaining Identifier (CBID) shown for the class in the Pay Scales; or
- is no longer an exception to the CBID shown for the class in the Pay Scales (shaded area information must be deleted from Item 126); or
- employee is in a "split class" (shown in the Pay Scales as U01-U21)

** 1) a 126 Transaction should only be effective at the beginning of a pay period and
 2) a 126 Transaction must not be used effective prior to 12/02/81

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

130

															005 SEQUENCE NUMBER <u> </u> OF <u> </u>			
															010 DOCUMENT PROCESSING NUMBER <u> </u>			
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111	120	121	122	123	124	126	130	135	140	142					
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS										
	205	210	215	351	352													
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	NH/DO/YY	330	335	340	345	350	355	356	357	358	359		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX			PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455	456	457	458			
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE				
	505	510	515	520	525	530	535	540	545	550	555	560	565	566	567			
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRAS HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		
	603	605 NH/YY	606 D46	HRS	HDT	607 D46	HRS	HDT	615	620 D46	HRS	625 D46	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	MOS	HOURS	AS OF	1)	/	/	THRU	/	/	715 NH/YY	720	725	726	730	735	740		
			2)	/	/	THRU	/	/										
			3)	/	/	THRU	/	/										
				NH/DO/YY	710 NH DO YY NH DD YY	HOURS	HDT											

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

215

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111				120	121	122	123	124	126	130	135	140	142	
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
	205	210			215				IND	ID	IND	ID	IND	ID	IND	ID	
3 TO	305 ACTUAL RATE 306 TOTAL SALARY		SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF MM/DD/YY 335	ANNI DATE 330	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE		
4 TO	TIME BASE 405	APPT TENURE 410	#MOS 415	APPOINTMENT EXPIRATION DATE 416	HOURS 425	CERT # 426	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL CODE 440	FORM 445	DATE 450	SEX 455	PRIOR STATE SERVICE 450	DISABILITY CODE 455		
5 TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 535	OATH NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE EXPIRATION DATE TYPE 560	JOB INCURRED INJURY CODE 565						
6 TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DMS HRS HDTM	TIME TO BE PAID (OLD) 607 DMS HRS HDTM	PAY INHED 615	LUMP SUM TO BE PAID (S) (V) 620 DMS HRS HDTM	LUMP SUM EXTRA HRS 625 DMS HRS HDTM	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	SEPARATION HOURS 645	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED. 655				
7 TO	TOTAL STATE SERVICE 705 MM/DD/YY			INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DD YY HH DD YY HOURS HDTM			SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726	REEMPLOYMENT LIST ELIG 730	REEMPLOYMENT LIST ELIG 735	REEMPLOYMENT LIST ELIG 740				

- Refer to PAM Section 5 when documenting an overpayment on a separated employee.
- Refer to PAM Page 5.99 when documenting a transaction that requires the entry of Policy Management Liaison Memo (PML) 2007-026 and Item #215 is not available for entry on the transaction being entered as a new transaction or correction.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

315

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>	
																		010 DOCUMENT PROCESSING NUMBER <u> </u>	
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111		120				121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215		215				IND	ID	IND	ID	IND	ID	IND	ID	IND		
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306 TOTAL SALARY	310	315	320	325		NH/DD/YY	330	335	340	345	350	355	356					
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416	425		426	430		435		440	445	450	455				
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT ATHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		JOB INURRED INJURY CODE			
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	REASON FOR SEPARA TION	PAY PERIOD		TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM UNIT	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		
	603	605 NH/YY	606 D46	HRS	607 D46	HRS	608	615	620 D46	HRS	625 D46	HRS	630	635	636	645	655		
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	NH/DD/YY	710 MM DD YY	NH DD YY	710 MM DD YY	715 NH/YY	720	725	726	730	735	740					

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

325

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE <input type="text"/>	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142		
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS					
	205	210	*2			215			IND	ID	IND	ID	IND	ID	IND	ID	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325		325	*2	330	335	340	345	350	355	356		
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRI STATE SERVICE	DISABILITY CODE		
	405	410	415	416		425	426	430		435		440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INURRED INJURY CODE			
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 MM/YY	606 046 HRS	607 HDT	615	620 046 HRS	625 046 HRS	630	635	636	645		655				
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	3) / / THRU / /	2) / / THRU / /	1) / / THRU / /	715 MM/YY	720	725	726	730	735	740				
				710 MM DD YY HH DD	711 MM DD YY HH DD	712 MM DD YY HH DD											

*1 For reporting initial plus salary and expiration date, changes or deletion.

*2 For one-time adjustment of the annual salary for elected officials. This transaction is initiated by PPSD. PPSD will process an additional 325 transaction to remove the plus salary and expiration date. See page 2.43 for more information.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

873 – Salary Rate Substantiation, above minimum

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

330

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="18" style="text-align: right; padding: 2px;">005 SEQUENCE NUMBER <u> </u> OF <u> </u></td> </tr> <tr> <td colspan="18" style="text-align: right; padding: 2px;">010 DOCUMENT PROCESSING NUMBER <u> </u></td> </tr> </table>																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>																		010 DOCUMENT PROCESSING NUMBER <u> </u>																	
005 SEQUENCE NUMBER <u> </u> OF <u> </u>																																																					
010 DOCUMENT PROCESSING NUMBER <u> </u>																																																					
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID																																			
	105	110	111	120	121	122	123	124	126	130	135	140	142																																								
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																																												
	205	210	215	216	351	352																																															
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE																																					
	306 TOTAL SALARY	310	315	320	325	NH/DD/YY	330	335	340	345	350	355	356	357	358																																						
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX	PRIOR STATE SERVICE		DISABILITY CODE																																						
	405	410	415	416	425	426	430	435	440	445	450	455																																									
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE																																							
	505	510	515	520	525	530	535	540	545	550	555	560	565	566																																							
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED																																						
	603	605 NH/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636	645	655																																	
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																																								
	MOS	HOURS	AS OF	NH/DD/YY	710 HH DD VV HH DD VV	711 HH/YY	720	725	726	730	735	740																																									

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

335

												005 SEQUENCE NUMBER <input type="text"/> <input type="text"/>						
												010 DOCUMENT PROCESSING NUMBER <input type="text"/> <input type="text"/>						
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE <input type="text"/>	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110		111		120	121	122	123	124	126	130	135	140	142			
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				IND	ID <input type="text"/>	IND <input type="text"/>	ID <input type="text"/>	IND <input type="text"/>	ID <input type="text"/>	IND <input type="text"/>	ID <input type="text"/>	IND <input type="text"/>	
	205	210			215			351					352					
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY <input type="text"/>	EXPIRATION DATE OF PLUS SALARY <input type="text"/>	ANNI DATE <input type="text"/>	ALTERNATE RANGE <input type="text"/>	PAYROLL STATUS	SHIFT DIFF <input type="text"/>	SPECIAL PAY <input type="text"/>	WWG <input type="text"/>	PAY LETTER # <input type="text"/>	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320		325	NH/DD/YY	330	335	340	345	350	355	356				
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416			425	426	430		435			440	445	450	455	
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH <input type="text"/>	NON CITIZEN <input type="text"/>	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE DATE		
	505	510	515	520	525	530	535	540	545	550	555	560		565				
6 TO	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 HRS		LUMP SUM PAYMENT CODE	LUHP SUM UNIT	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 MM/YY	606 DAS HRS	HDT	607 DAS HRS	HDT	615	620 DAS HRS	HDT	625 DAS HRS	630	635	636	645		655		
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF		1) / / THRU / /				715 MM/YY	720	725	726	730	735	740			
				2) / / THRU / /														
				3) / / THRU / /														
				710 MM DD YY	DD	YY	HOURS	HDT										

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

851 – Alternate Salary Range Criteria (for Civil Service employee only)

863 – Intermittent Hours Work Expected

864 – Legal Reference for Annuitant

873 – Salary Rate Substantiation, Above Minimum

876 – Anniversary Date – Second Accelerated

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Alternate salary range other than “A”

Exception: If this transaction is moving the employee to range A, enter an ‘X’ in the “On File For Audit” box for system reasons.

340

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142			
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
				<input type="text"/> *2		215		<input type="text"/>	IND	ID	IND	ID	IND	ID	IND	ID		
3	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF	ANNI DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
	306 TOTAL SALARY	310	315	320				325	MN/DD/YY	330	335	340	345	350	355	356		
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		CODE	MCR APPROVAL FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416			425	426	430		435	440	445	450	455			
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		JOB INCURRED INJURY CODE	
	505	510	515	520	525	530	535	540	545		550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.	
			*2				<input type="checkbox"/>	(S) (V)				630	635	636	645	655	MONTHLY DED.	
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	HOS	HOURS	AS OF		1) / / THRU / /			715	720	725	726	730	735	740				
				2) / / THRU / /														
				3) / / THRU / /														
				710 MM DD YY MM DD YY														

*1 This transaction is used to take employee off the payroll for 10/12 leave under Rule 369 (time off pay status under this rule is not considered a break in State service).

*2 Hours must be blank for academic employees. Payroll for hours due employee must be documented on F674 to Payroll.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

895 – Academic Days Not Worked

960 – Corrected Transaction Identifier

341

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142	
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
	205			210	<input type="text"/> *2	215	<input type="text"/>	IND	ID	IND	ID	IND	ID	IND	ID	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
	306 TOTAL SALARY	310	315	320	325	NH/DD/YY	330	335	340	345	350	355	356			
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416		425	426	430		435		440	445	450	455	
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
	505	510	515	520	525	530	535	545	550	555	560		565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 NH/YY	606 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655				
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 NH/YY	720	725	726	730	735	740			
	705		NH/DD/YY	710 HH DD YY	711 HH DD YY	712 HH DD YY										

*1 This transaction is used to return employee to pay status from a 10/12 leave under Rule 369 (time off pay status under this rule is *not* considered a break in State service).

*2 Hours must be blank for academic employees. Payment for hours due employee must be documented on F674 to Payroll.

Symbol	Meaning
=	Required – MUST be completed
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●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

895 – Academic Days Not Worked

960 – Corrected Transaction Identifier

345

														005 SEQUENCE NUMBER <u> </u> OF <u> </u>			
														010 DOCUMENT PROCESSING NUMBER <u> </u>			
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142		
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
	205			210		215		351	IND	ID	IND	ID	IND	ID	IND	ID	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF	ANNI DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	NH/DD/YY	330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416			425	426	430	435		440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE			
	505	510	515	520	525	530	535	545	550	555	560	565					
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 NH/YY	606 D46 HRS	607 D46 HRS	615	620 D46 HRS	625 D46 HRS	630	635	636	645	655					
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 NH/YY	720	725	726	730	735	740				
	705		NH/DD/YY	710 MM DD YY NH DD YY		HOURS	70H										

*345 transaction can only be effective at the beginning of the pay period. To report shift differential for other than beginning of the pay period or rotational shift refer to Payroll Procedures Manual (PPM) Section G 050.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

350

												005 SEQUENCE NUMBER <u> </u> OF <u> </u>						
												010 DOCUMENT PROCESSING NUMBER <u> </u>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
	105	110		111				120	121	122	123	124	126	130	135	140	142	
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS										
	205			210		215		IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
3	305 ACTUAL RATE		310	315	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320			325	MN/DD/YY	330	335	340	345	350	355	356		
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416			425	426	430		435			440	445	450	455	
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE	
	505	510	515	520	525	530	535	540	545	550	555	560			565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (IN/DO)	TIME TO BE PAID (OUT)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM/EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	UNIT	SERIAL	FIX MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.			
	603	605 MN/YY	606 DAS HRS HDT	607 DAS HRS HDT	615	620 DAS HRS HDT	625 DAS HRS HDT	630	635	636	645			655				
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MN/YY	720	725	726	730	735	740					

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)

355

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>	
																		010 DOCUMENT PROCESSING NUMBER <u> </u>	
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111		120				121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215		215				IND	ID	IND	ID	IND	ID	IND	ID	IND		
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325		NH/DD/YY	330	335	340	345	350	355	356					
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX			PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416			425	426	430	435			440	445	450	455			
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE				
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		
	603	605 NH/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	625 DAS	HRS	HDTH	630	635	636	645	655
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	NH/DD/YY	710 MM DD YY	NH DD YY	THRU	/ /	715 NH/YY	720	725	726	730	735	740				

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

405

(Excluding certification process and layoff situation)

												005 SEQUENCE NUMBER <u> </u> OF <u> </u>							
												010 DOCUMENT PROCESSING NUMBER <u> </u>							
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			OTHER POSITION		BIRTH DATE		OPEB CBID				
	105		110		111			AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS											
	205		210		*1			*2			IND	ID	IND	ID	IND	ID	IND		
3 TO	305 ACTUAL RATE		SALARY	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER			
	306 TOTAL SALARY		310	315	320	325	325	MM/DD/YY	330	335	340	345	350	355	356	#	EXPIRATION DATE		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		DISABILITY CODE		
	405	410	415	416	425	426	430	435	435	440	445	450	455						
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE	JOB INCURRED INJURY CODE		DATE		
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		
	603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636	645
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS					1) / / THRU / /	SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	MOS	HOURS	AS OF	705	MM/DD/YY	710 MM DD YY	710 MM DD YY	710 MM DD YY	710 MM DD YY	715 MM/YY	720	725	726	730	735	740			

*1 405 Transaction can only be effective at the beginning of the pay period for Employment Development Department (EDD) employee decreasing or increasing time base as a result of participation in the Voluntary Time Income Tradeoff (V-Time) program.

*2 Required for EDD employee decreasing time base as a result of participation in V-Time program refer to PAM page 2.37.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

863 – Intermittent Hours Work Expected
871 – Right of Return Designation
879 – Time Base Substantiation
891 – Indeterminate Service Accumulation
957 – Other Eligibility Substantiation
960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)
2. Decrease in time base
3. Transactions requiring “Concurring Appointing Power Signature” when keyed by a decentralized agency

430

														005 SEQUENCE NUMBER <u> </u> OF <u> </u>					
														010 DOCUMENT PROCESSING NUMBER <u> </u>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
	105		110		111			120	121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS							
	205		210		*2							IND	ID	IND	ID	IND	ID	IND	ID
3 TO	305 ACTUAL RATE		310	315	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320			325	NN/DD/YY		330	335	340	345	350	355	356		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE : ENDING DATE		MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416				425	426	430		435			440	445	450	455	
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE	DATE	
	505	510	515	520	525	530		535	540	545	550	555	560	565					
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.	
	603	605 MM/YY	606 D46	HRS	HDT	607 D46	HRS	HDT	615	620 D46	HRS	HDT	625 D46	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	MM/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735	740				

*1 Use to Report:

- Completion of probationary period for intermittent or indeterminate or fractional time base employee.
- Extension of probationary period.

*2

- If reporting completion of probationary period for intermittent or indeterminate or fractional time base employee, the date must be the day after the completion date shown in Item 430.
- If reporting extension of probationary period per SPB Rule 321, the date must be the same that is printed in the shaded area of Item 430.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

871 – Right of Return Designation

952 – Case No. and Date of Action

960 – Corrected Transaction Identifier

440

														005 SEQUENCE NUMBER <u>Q</u> OF <u>Q</u>					
														010 DOCUMENT PROCESSING NUMBER <u> </u>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111		120				121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205		210		215				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320	325		MM/DD/YY	330	335	340	345	350	355	356				
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX			PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416	425		426	430			435			440	445	450	455		
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
	603	605 MM/YY	606 DAS	HRS	HDT	607 DAS	HRS	HDT	615	620 DAS	HRS	HDT	625 DAS	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF		1) / / THRU / /		2) / / THRU / /		715 MM/YY	720	725	726	730	735	740				
705 HH DD VV HH DD VV HOURS HDT																			

*1 The current date must be used for Item 210 when reporting this transaction.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

445

This transaction is no longer in use. Prior to 03/07/22, the 445 transaction was used to update 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](#).

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](#) (Revised 03/22)

455

															005 SEQUENCE NUMBER <u> </u> OF <u> </u>				
															010 DOCUMENT PROCESSING NUMBER <u> </u>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
	105	110	111	120	121	122	123	124	126	130	135	140	142						
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	*1	215	351	352	351	352	351	352	351	352	351	352					
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	357	358	359			
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX	PRIOR STATE SERVICE		DISABILITY CODE				
	405	410	415	416	425	426	430	435	436	437	438	440	445	450	455				
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE					
	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED				
	603	605 MM/YY	606 DAS	HRS	HDTM	607 DAS	HRS	HDTM	615	620 DAS	HRS	HDTM	625 DAS	HRS	HDTM	630	635	636	645
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				1)	/ / THRU / /		SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	705	MOS	HOURS	AS OF	710 MM DO	YY	MM DO	YY	715 MM/YY	720	725	726	730	735	740	745	750		

*1 The current date must be used for Item 210 when reporting this transaction.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

505

															005 SEQUENCE NUMBER <u> </u> OF <u> </u>			
															010 DOCUMENT PROCESSING NUMBER <u> </u>			
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110		111				120	121	122	123	124	126	130	135	140	142	
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS					ESTABLISHED EARNINGS							
			*2						IND	ID	IND	ID	IND	ID	IND	ID	IND	
	205	210							351						352			
3	305 ACTUAL RATE		306 TOTAL SALARY	310	PAY PER FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
				315	320		325	MM/DD/YY	330	335	340	345	350	355	356			
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416			425	426	430		435		440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE		
	505	510 515	520	525	530	535 540	545	550		555	560	565						
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		
	603	605 MM/YY	606 D46 HRS HDTH	607 D46 HRS HDTH	615	(S) (V)	620 D46 HRS HDTH	625 D46 HRS HDTH	630	635	636	645		655				
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	HOS	HOURS	AS OF	1) / / THRU / /				715 MM/W	720	725	726	730	735	740				
			705	710 MM DD YY HH DO VV	711 HH DD VV	712 HOURS	HDTH											

*1 If any time after appointment, employee qualifies for CalPERS membership, report a 505 Transaction effective not later than the first of the pay period after employee works the qualifying time.

If a change in time base qualifies the employee for CalPERS membership, complete Item 505 on the Appointment/Time Base Change Transaction which qualifies the employee for membership.

If erroneous information was entered in Item 505 for an appointment, report a corrected appointment transaction.

*2 Must be a current month effective date for exempt employees who elect CalPERS membership after their appointment. Employees should contact CalPERS directly regarding eligibility for retroactive service for retirement purposes.

Symbol	Meaning
=	Required – MUST be completed
O	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

861 – Health and Welfare Benefits

960 – Corrected Transaction Identifier

545

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>		
																		010 DOCUMENT PROCESSING NUMBER <u> </u>		
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
TO	105	110	111		120				121	122	123	124	126	130	135	140	142			
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
TO	205	210	215		351				IND	ID	IND	ID	IND	ID	IND	ID				
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
TO	306 TOTAL SALARY	310	315	320	325		HM/DD/YY	330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX	PRIORITY STATE SERVICE		DISABILITY CODE			
TO	405	410	415	416		425	426	430	435	440	445	450	455							
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INURRED INJURY CODE					
TO	505	510	515	520	525	530	535	545	550	555	560	565								
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED				
TO	603	605 HM/YY	606 D46	HRS	HDTH	607 D46	HRS	HDTH	615	620 D46	HRS	HDTH	625 D46	HRS	HDTH	630	635	636	645	655
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
TO	HOS	HOURS	AS OF	705	HM/DO/YY	710 HM DO YY HH DO	710 HH THRU / /	710 HH DO YY HH DO	715 HM/YY	720	725	726	730	735	740					

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

550

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>	
																		010 DOCUMENT PROCESSING NUMBER <u> </u>	
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111	120	121	122	123	124	126	130	135	140	142						
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215	216	351	352													
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	HM/DD/YY	330	335	340	345	350	355	356	357	358	359	360		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX			PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416	425	426	430	435	440	445	450	455							
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE		JOB INCURRED INJURY				
	505	510	515	520	525	530	535	545	550	555	560	565	566	567	568				
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 D46	HRS	HDT	607 D46	HRS	HDT	615	620 D46	HRS	HDT	625 D46	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	HOS	HOURS	AS OF	MM/DD/YY	710 MM DD YY HH	711 HH DD YY	712 HOURS	713 HDT	715 MM/YY	720	725	726	730	735	740				

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

555

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="12"></td> <td colspan="6">005 SEQUENCE NUMBER <u> </u> OF <u> </u></td> </tr> <tr> <td colspan="12"></td> <td colspan="6">010 DOCUMENT PROCESSING NUMBER <u> </u></td> </tr> <tr> <td rowspan="2">1 TO</td> <td colspan="2">SOCIAL SECURITY</td> <td colspan="2">EMPLOYEE LAST NAME</td> <td colspan="4">FIRST NAME AND MIDDLE INITIAL</td> <td colspan="4">POSITION NUMBER</td> <td>DEPT CODE</td> <td>CB ID</td> <td>COUNTY CODE</td> <td>OTHER POSITION</td> <td>BIRTH DATE</td> <td>OPEB CBID</td> </tr> <tr> <td>105</td> <td>110</td> <td colspan="2">111</td> <td colspan="4"></td> <td>120</td> <td>121</td> <td>122</td> <td>123</td> <td>124</td> <td>126</td> <td>130</td> <td>135</td> <td>140</td> <td>142</td> </tr> <tr> <td rowspan="2">2 TO</td> <td colspan="2">TRANSACTION CODE</td> <td colspan="2">EFFECTIVE DATE AND HOURS</td> <td colspan="4">EMPLOYMENT HISTORY REMARKS</td> <td colspan="8">ESTABLISHED EARNINGS</td> </tr> <tr> <td>205</td> <td>210</td> <td colspan="2"></td> <td>215</td> <td colspan="4"></td> <td>IND</td> <td>ID</td> <td>IND</td> <td>ID</td> <td>IND</td> <td>ID</td> <td>IND</td> <td>ID</td> <td>IND</td> <td>ID</td> </tr> <tr> <td rowspan="2">3 TO</td> <td colspan="2">305 ACTUAL RATE</td> <td>SALARY PER</td> <td>PAY FREQ</td> <td colspan="2">BASED ON SALARY</td> <td>PLUS SALARY</td> <td colspan="2">EXPIRATION DATE OF</td> <td>ANNU DATE</td> <td>ALTERNATE RANGE</td> <td>PAYROLL STATUS</td> <td>SHIFT DIFF</td> <td>SPECIAL PAY</td> <td>WWG</td> <td colspan="2">PAY LETTER #</td> <td colspan="2">PAY LETTER EXPIRATION DATE</td> </tr> <tr> <td>306 TOTAL SALARY</td> <td>310</td> <td>315</td> <td>320</td> <td colspan="2"></td> <td>325</td> <td colspan="2">MM/DD/YY</td> <td>330</td> <td>335</td> <td>340</td> <td>345</td> <td>350</td> <td>355</td> <td colspan="2">356</td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">4 TO</td> <td>TIME BASE</td> <td>APPT TENURE</td> <td>#MOS</td> <td colspan="2">APPOINTMENT EXPIRATION DATE</td> <td>HOURS</td> <td>CERT #</td> <td colspan="2">TYPE OF LIST OR EXAM STATUS</td> <td colspan="2">PROBATIONARY PERIOD CODE</td> <td>ENDING DATE</td> <td>MCR APPROVAL CODE</td> <td>FORM</td> <td>DATE</td> <td>SEX</td> <td colspan="2"></td> <td>PRIOR STATE SERVICE</td> <td>DISABILITY CODE</td> </tr> <tr> <td>405</td> <td>410</td> <td>415</td> <td colspan="2">416</td> <td></td> <td>425</td> <td colspan="2">426</td> <td colspan="2">430</td> <td></td> <td>435</td> <td></td> <td></td> <td>440</td> <td>445</td> <td>450</td> <td>455</td> </tr> <tr> <td rowspan="2">5 TO</td> <td>ACCOUNT CODE</td> <td>SAFETY MEMBER</td> <td colspan="2">SURVIVORS BENEFITS</td> <td>SS/MED</td> <td>RETIREMENT RATE (%)</td> <td>EXEMPT AUTHORITY</td> <td>OATH</td> <td>NON CITIZEN</td> <td colspan="2">MEDICAL CLEARANCE</td> <td colspan="2">FINGERPRINT</td> <td colspan="2">PROFESSIONAL LICENSE TYPE</td> <td colspan="2">EXPIRATION DATE</td> <td colspan="2">JOB INCURRED INJURY CODE</td> </tr> <tr> <td>505</td> <td>S10 S15</td> <td colspan="2">S20</td> <td>S25</td> <td>S30</td> <td>S35</td> <td>S40</td> <td>S45</td> <td colspan="2">550</td> <td colspan="2">555</td> <td colspan="2">560</td> <td colspan="2">565</td> <td colspan="2"></td> </tr> <tr> <td rowspan="2">6 TO</td> <td>REASON FOR SEPARATION</td> <td>PAY PERIOD</td> <td colspan="2">TIME TO BE PAID (NEW)</td> <td colspan="2">TIME TO BE PAID (OLD)</td> <td>PAY INHED</td> <td colspan="2">LUMP SUM TO BE PAID</td> <td colspan="2">LUMP SUM EXTRA HRS</td> <td>LUMP SUM PAYMENT CODE</td> <td>LUMP SUM UNIT</td> <td>LUMP SUM SERIAL</td> <td>SEPARATION EXPIRATION DATE</td> <td>SEPARATION HOURS</td> <td colspan="2">FIX MAINTENANCE FIRST/FINAL DED</td> <td colspan="2">MONTHLY DED.</td> </tr> <tr> <td>603</td> <td>605 MM/YY</td> <td>606 D46</td> <td>HRS</td> <td>HDTH</td> <td>607 D46</td> <td>HRS</td> <td>HDTH</td> <td>615</td> <td>(S) (V)</td> <td>620 D46</td> <td>HRS</td> <td>HDTH</td> <td>625 D46</td> <td>HRS</td> <td>HDTH</td> <td>630</td> <td>635</td> <td>636</td> <td>645</td> <td>655</td> </tr> <tr> <td rowspan="2">7 TO</td> <td colspan="3">TOTAL STATE SERVICE</td> <td colspan="5">INTERMITTENT DATE & HOURS</td> <td colspan="2">SERVICE PAY PERIOD</td> <td>SPECIAL PLUS</td> <td colspan="2">REEMPLOYMENT LIST CLASS</td> <td colspan="2">REEMPLOYMENT LIST ELIG</td> <td colspan="4"></td> </tr> <tr> <td>NOS</td> <td>HOURS</td> <td>AS OF</td> <td>1) / / THRU / /</td> <td>2) / / THRU / /</td> <td>3) / / THRU / /</td> <td>710 MM DO YY</td> <td>711 MM DO YY</td> <td>715 MM/YY</td> <td>720</td> <td>725</td> <td>726</td> <td>730</td> <td>735</td> <td>740</td> <td colspan="4"></td> </tr> </table>																														005 SEQUENCE NUMBER <u> </u> OF <u> </u>																		010 DOCUMENT PROCESSING NUMBER <u> </u>						1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	105	110	111						120	121	122	123	124	126	130	135	140	142	2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								205	210			215					IND	ID	3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE		306 TOTAL SALARY	310	315	320			325	MM/DD/YY		330	335	340	345	350	355	356				4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX			PRIOR STATE SERVICE	DISABILITY CODE	405	410	415	416			425	426		430			435			440	445	450	455	5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		505	S10 S15	S20		S25	S30	S35	S40	S45	550		555		560		565				6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		603	605 MM/YY	606 D46	HRS	HDTH	607 D46	HRS	HDTH	615	(S) (V)	620 D46	HRS	HDTH	625 D46	HRS	HDTH	630	635	636	645	655	7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS					SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						NOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DO YY	711 MM DO YY	715 MM/YY	720	725	726	730	735	740												
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2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																																																																																																																																																																																																																																																																																																																												
	205	210			215					IND	ID	IND	ID	IND	ID	IND	ID	IND	ID																																																																																																																																																																																																																																																																																																																		
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE																																																																																																																																																																																																																																																																																																																			
	306 TOTAL SALARY	310	315	320			325	MM/DD/YY		330	335	340	345	350	355	356																																																																																																																																																																																																																																																																																																																					
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6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.																																																																																																																																																																																																																																																																																																																		
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	NOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DO YY	711 MM DO YY	715 MM/YY	720	725	726	730	735	740																																																																																																																																																																																																																																																																																																																						

Symbol	Meaning
=	Required – MUST be completed
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●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

560

														005 SEQUENCE NUMBER <u> </u> OF <u> </u>					
														010 DOCUMENT PROCESSING NUMBER <u> </u>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID	
	105	110			111			120	121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS								ESTABLISHED EARNINGS						
	205					210			215		351		352		353		354		
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320		325	MM/DD/YY		330	335	340	345	350	355	356			
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405		410	415	416		425		426	430		435		440	445	450	455		
5 TO	ACCOUNT CODE		SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE DATE			
	505		510	515	520		525	530	535	540	545	550	555	560		565			
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 DAS	HRS	HDT	607 DAS	HRS	HDT	615	620 DAS	HRS	HDT	625 DAS	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	705	HOS	HOURS	AS OF	1)	/	/	THRU	/	/		715	MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

884 – License - Additional

960 – Corrected Transaction Identifier

565

														005 SEQUENCE NUMBER <u> </u> OF <u> </u>						
														010 DOCUMENT PROCESSING NUMBER <u> </u>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID		
	105	110			111				120	121	122	123	124	126	130	135	140	142		
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
									IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
	205				210				351				352							
3	305 ACTUAL RATE		306 TOTAL SALARY	310	315	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
									325	MM/DD/YY	330	335	340	345	350	355	356			
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		HCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415		416				425	426	430		435		440	445	450	455		
5	ACCOUNT CODE		SAFETY MEMBER	SURVIVORS BENEFITS		SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE		
	505		510	515	520	525	530		535	540	545		550	555	560			565		
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED. MONTHLY DED.			
	603	605 MM/YY	606 DAS	HRS	HDT	607 DAS	HRS	HDT	615	620 DAS	HRS	HDT	625 DAS	HRS	630	635	636	645	655	
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	HOS	HOURS	AS OF		1) / / THRU / /				715 MM/YY	720	725		726	730	735	740				
				2) / / THRU / /																
				3) / / THRU / /				710 MM DD YY HH DD YY	710 HOURS	710 HDT										

*1 See PAM Section 5 before documenting a job incurred injury or illness or subsequent return to work.

*2 When the probationary period must be extended, submit a 430 Transaction. See California Code of Regulations (CCR), title 2, section 321 before documenting the 430 Transaction.

*3 Do not enter for positive attendance employees.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

957 – Other Eligibility Substantiation

960 – Corrected Transaction Identifier

705

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>	
																		010 DOCUMENT PROCESSING NUMBER <u> </u>	
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID	
	105	110	111		120				121	122	123	124	126	130	135	140	142		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS								ESTABLISHED EARNINGS						
	205		210		215				351				IND	ID	IND	ID	IND	ID	IND
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF		ANNI DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY		310	315	320	325		NH/DD/YY	330	335	340	345	350	355	356				
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL		SEX			PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416	425		426	430	435		440	445	450	455					
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.	
	603	605	NH/YY	606	DAS	HRS	HDT	607	DAS	HRS	HDT	625	DAS	HRS	HDT	630	635	636	645
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	HOS	HOURS	AS OF	1)	/	/	THRU	/	/	715	NH/YY	720	725	726	730	735	740		
			2)	/	/	THRU	/	/											
			3)	/	/	THRU	/	/											
				710	NH	DD	YY	NH	DD	YY	HOURS	HDT							

*1 The current date must be used for Item 210 when reporting this transaction.

Symbol	Meaning
=	Required – MUST be completed
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710

To be used for:

- Layoff purposes; or
- Personnel Operation

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
010 DOCUMENT PROCESSING <input type="text"/> NUMBER <input type="text"/>																
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID
	105	110	111	120	121	122	123	124	126	130	135	140	142			
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
	205	210	215	215	351	352	351	352	351	352	351	352	351	352	351	352
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
	306 TOTAL SALARY	310	315	320	325	325	325	325	330	335	340	345	350	355	356	
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416	416	425	426	426	430	435	440	445	450	455		
5 TO	ACCOUNT CODE	SAFETY NUMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INURRED INJURY CODE	DATE		
	505	510	515	520	525	530	535	540	545	550	555	560	565			
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.	
	603	605 MM/YY	606 DAS HRS	607 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655			
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740			
705 HH/DD/YY																

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

715

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID
	105	110		111		120	121	122	123	124	126	130	135	140	142		
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS					
			*	1	<input type="text"/>	*	3	<input type="text"/>	IND	ID	IND	ID	IND	ID	ID	ID	
	205	210			215			351					352				
3	305 ACTUAL RATE		310	315	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF	ANNU DATE	ALTERNATE RANGE	PAYOUT STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
	306 TOTAL SALARY	310	315	320		325	NH/DD/YY	330	335	340	345	350	355	356			
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416			425	426	430		435		440	445	450	455	
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE	JOB INCURRED INJURY		
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED.			
	603	605	MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		MONTHLY DED.		
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				1) / / THRU / /		SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
	HOS <input type="text"/>	HOURS <input type="text"/>	AS OF <input type="text"/>	NH/DD/YY	710 HH DD YY	NH DD YY	HOURS	715 HH/YY	720	725	726	730	735	740			

*1 Use the last day of the non-qualifying or qualifying pay period.

*2 For:

- Temporary Leaves of 30 calendar days or less (per CCR 599.781) resulting in a non-qualifying pay period. **DO NOT USE TO PLACE EMPLOYEE ON TEMPORARY LEAVE IMMEDIATELY FOLLOWING A S49.** See PAM Section 5 and S54 Transaction before documenting this kind of transaction.
- Qualifying a pay period while on NDI. See pages 5.30 for more information.
- California Conservation Corps (CCC) employees pending WCTD and pay period is non-qualifying **OR** on WCTD covered by Federal funds.
- Qualifying a pay period while on State Disability Insurance (SDI).
- Qualifying a pay period while employee is on dock and furlough.

*3 Required for CCC employees on approved Federally funded WCTD. (See Section 2.356 and Section 5.)

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

876 – Anniversary Date – Second Accelerated

960 – Corrected Transaction Identifier

GEN

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID <input type="text"/>	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CBID
	105	110	111	120	121	122	123	124	126	130	135	140	142				
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							IND <input type="text"/>	ID <input type="text"/>	IND <input type="text"/>	IND <input type="text"/>	IND <input type="text"/>	IND <input type="text"/>
	205	210	215	215	351	352											
3 TO	305 ACTUAL RATE		SALARY PER <input type="text"/>	PAY FREQ <input type="text"/>	BASED ON SALARY <input type="text"/>	PLUS SALARY <input type="text"/>	EXPIRATION DATE OF <input type="text"/>	ANNI DATE <input type="text"/>	ALTERNATE RANGE <input type="text"/>	PAYROLL STATUS <input type="text"/>	SHIFT DIFF <input type="text"/>	SPECIAL PAY <input type="text"/>	WWG <input type="text"/>	PAY LETTER # <input type="text"/>	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325	325	MM/DD/YY	330	335	340	345	350	355	356	356	356	
4 TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		CODE	MCR APPROVAL FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416	425	426	430	430	435	435	440	445	450	455	455		
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH <input type="text"/>	NON CITIZEN <input type="text"/>	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE		JOB INCURRED INJURY CODE	DATE		
	505	510	515	520	525	530	535	540	545	550	555	560	565	565	565		
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW) <input type="text"/>	TIME TO BE PAID (OLD) <input type="text"/>	PAY INMED <input type="text"/>	LUMP SUM TO BE PAID <input type="text"/>	LUMP SUM EXTRAHRS <input type="text"/>	LUMP SUM PAYMENT CODE	LUMP SUM UNIT <input type="text"/>	LUMP SUM SERIAL <input type="text"/>	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 MM/YY	606 D6 HRS	607 D6 HRS	615	620 D6 HRS	625 D6 HRS	630	635	636	645	645	655	655			
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG							
	705	HOS	HOURS	AS OF <input type="text"/>	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740			

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

851 – Alternate Range Criteria

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

MHR

															005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
															010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID	
	105	110	111	120	121	122	123	124	126	130	135	140	142					
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS										
	205	210	215	216	217	218	219	220	221	222	223	224	225	226	227			
3 TO	305 ACTUAL RATE		SALARY PER <input type="text"/>	PAY FREQ <input type="text"/>	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325	326	327	328	329	330	335	340	345	350	355	356		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX	PRIORITY STATE SERVICE		DISABILITY CODE			
	405	410	415	416	417	418	425	426	427	428	429	430	435	440	445	450		
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT	PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE				
	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575			
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	UNIT	SERIAL	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 DAS HRS HDT	607 DAS HRS HDT	615	620 DAS HRS HDT	625 DAS HRS HDT	630	635	636	645	650	655	660	665			
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740	745	750			

*1 Use for multiple hourly rate or trade rate change with or without a multiple hourly rate.

*2 When employee has multiple hourly rates in excess of \$99.99. PAR must be sent to SCO/PPSD for processing. See Item 215.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

MSA

See PAM Section 4 before documenting an MSA Transaction.

												005 SEQUENCE NUMBER <u> </u> <u> </u>								
												010 DOCUMENT PROCESSING NUMBER <u> </u>								
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID				
TO	105		110		111			120	121	122	123	124	126	130	135	140	142			
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
TO						210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND			
205						210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
TO	306 TOTAL SALARY		310	315	320	325	NH/DD/YY	330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	440	445	450	455	PRIOR STATE SERVICE	DISABILITY CODE				
TO	405	410	415	416	425	426	430	435	435	440	445	450	455							
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE				
TO	505	510	515	520	525	530	535	540	545	550	555	560	565							
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 EXTRAHRS	LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED						
TO	603	605	MM/YY	606	D6 HRS	HDT	607	D6 HRS	HDT	620	D6 HRS	HDT	625	D6 HRS	630	635	636	645	655	MONTHLY DED.
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG								
TO	HOS	HOURS	AS OF	1)	/ /	THRU	/ /													
	705		MM/DD/YY	2)	Q	THRU	/ /													
				3)	/ /	THRU	/ /	HOURS	HDT	715	MM/YY	720	725	726	730	735	740			

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

867 – Limited Term/Anniversary Date Justification

872 – Salary Increase Certification (Required)

952 – Case No. and Date of Action

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required for:

1. Correction to MSA/SIS shown in Line 12 when approval or denial was reported in error.

ORP

This transaction is no longer in use.

PUN

See PAM Section 5 for specific documentation instructions.

												005 SEQUENCE NUMBER <u> </u> <u> </u>					
												010 DOCUMENT PROCESSING NUMBER <u> </u>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID	
	105		110		111			120	121	122	123	124	126	130	135	140	145
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
	205		210		215			IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320		325	MM/DD/YY		330	335	340	345	350	355	356	
4 TO	TIME BASE	APPT	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		HCR APPROVAL		SEX	PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416		425	426	430	435	435	440	445	450	455			
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED
	603	605 MM/YY	606 DAS HRS	HDTH	607 DAS HRS	HDTH	615	620 DAS HRS	HDTH	625 DAS HRS	HDTH	630	635	636	645	655	MONTHLY DED.
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	MOS	HOURS	AS OF	MM/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY HH DD YY	715 MM/YY	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

851 – Alternate salary Range Criteria

874 – Adverse Action and Rejection Substantiation (Required)

952 – Case No. and Date of Action

955 – Multiple Hourly Rate

960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Adverse Actions

R01

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID
	105	110	111	120	121	122	123	124	126	130	135	140	142				
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
	205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455					
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE	DATE			
	505	510	515	520	525	530	535	545	550	555	560	565					
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.			
	603	605 MM/YY	606 DAS HRS	607 DAS HRS	615	620 DAS HRS	625 DAS HRS	630	635	636	645	655					
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740				
705		MM/DD/YY	710 MM DD YY HH DD	710 MM DD YY	710 MM DD YY	710 MM DD YY											

*1 This transaction is initiated by CalPERS/PPSD only.

NOTE: Correction to R01 transactions *can only* be documented and keyed as part of the out-of-sequence carry forward process. *Departmental entries can only be in items 205, 210 and 960.*

1. If the retirement account code needs changing, contact the Statewide Customer Contact Center at (916) 372-7200

Symbol	Meaning
<u> </u>	Required – MUST be completed
<input type="text"/>	Conditional – MUST be completed when required by ITEM DEFINITION
<input type="text"/>	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

960 – Corrected Transaction Identifier

SAL

																		005 SEQUENCE NUMBER <u> </u> OF <u> </u>	
																		010 DOCUMENT PROCESSING NUMBER <u> </u>	
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID	
	105	110	111						120	121	122	123	124	126	130	135	140	142	
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				IND	ID	IND	ID	IND	ID	IND	ID	IND	IND	
	205	210							351	352	351	352	351	352	351	352	351	352	
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	ESTABLISHED EARNINGS			PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	325	MM/DD/YY	330	*2 335	340	345	350	355	356					
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		HCR APPROVAL		SEX			PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	425	426		430	435	435	440	445	450	455					
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE	EXPIRATION DATE			JOB INCURRED INJURY CODE	DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6 TO	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 HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 DAS HRS	HDT	607 DAS HRS	HDT	615	620 DAS HRS	HDT	625 DAS HRS	HDT	630	635	636	645	MONTHLY DED.			
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	HOURS	HDT	SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
	705	HOS	HOURS	AS OF	MM/DD/YY	710 MM DD YY	710 MM DD YY	715 MM/YY	720	725	726	730	735	740					

*1 See PAM Section 5 for documenting an increase due to Certified Public Accountant (CPA) or Certified Public Secretary (CPS) Certification.

See PAM Section 5 for reduction or restoration of salary.

*2 Enter if Alternate Range is being restored after a PUN Transaction.

*3 Enter Item 345 only:

- When the SAL is effective the first of a pay period; or
- To correct the SAL when Reconstructing Employment History regardless of the effective date.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

851 – Alternate salary Range Criteria
873 – Salary Rate Substantiation Above Minimum
876 – Anniversary Date - Second Accelerated
952 – Case No. and Date of Action
955 – Multiple Hourly Rate
960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Bilingual Payment Authorization (Item 351)

SIS

See PAM Section 4 before documenting a SIS Transaction.

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID	
	105		110		111			120	121	122	123	124	126	130	135	140	142
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
									IND	ID	IND	ID	IND	ID	IND	ID	ID
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY		310	315	320		325	MN/DD/YY	330	335	340	345	350	355	356		
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416			425	426	430		435			440	445	450	455
5 TO	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE		
	505	510	515	520	525	530	535	540	545	550	555	560			565		
6 TO	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS	LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	UNIT	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.	
	603	605 MN/YY	606 D/A/HRS	HDT	607 DAS	HRS	HDT	615	(S) (V)	620 D/A/HRS	625 D/A/HRS	630	635	636	645	655	MONTHLY DED.
7 TO	TOTAL STATE SERVICE				*1 INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
	MOS	HOURS	AS OF	MN/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MN DD YY MN DD YY	715 MN/YY	720	725	726	730	735	740		

*1 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. Report up to a *maximum* of 160 hours per pay period.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

867 – Limited Term/Anniversary Date Justification
872 – Salary Increase Certification (Required)
876 – Anniversary Date - Second Accelerated (Delete Only)
955 – Multiple Hourly Rate
960 – Corrected Transaction Identifier

Line 10 Remarks and Backup Information

Refer to PAM pages 2.201 – 2.205 for specific substantiation required for:

1. Correction to MSA/SIS shown in Line 12 when approval or denial was reported in error.

SPC

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1 TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPEB CB ID
	105	110	111		120			121	122	123	124	126	130	135	140	142	
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS					ESTABLISHED EARNINGS						
	*2		210			215 *3 <input type="text"/>					IND 351	ID	IND 352	ID	IND 353	ID	IND 354
3 TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
	306 TOTAL SALARY		310	315	320		325	NN/DD/YY		330	335	340	345	350	355	356	
4 TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD		MCR APPROVAL	SEX			PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416			425	426		430		435	440	445	450	455	
5 TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE		
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6 TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUH SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
	603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	625 DAS	HRS	630	635	636	645
7 TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG				
	MOS	HOURS	AS OF	NN/DO/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DO YY HH DO YY	715 MM/YY	720	725	726	730	735	740		

*1 Use to Report:

- Eligibility for NDI benefits when employee is not on NDI Leave (S49) status.
- Termination of NDI benefits when employee is not on NDI Leave (S49) status.

See PAM Section 5 before documenting this transaction.

*2 If reporting eligibility of NDI benefits, enter the first calendar day NDI benefits begin.

If reporting termination of NDI benefits, enter the first calendar day employee is no longer receiving NDI benefits.

"HOURS" must always be left blank.

*3 This item is required if employee is participating in the Annual Leave Program.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

957 – Other Eligibility Substantiation (Required)

960 – Corrected Transaction Identifier