

# State Controller's Office

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"><li>• Use for unit/serial number change for MCR I</li><li>• Use for unit number (no change in duties for MRC II) v</li><li>• Use for serial number change for MRC II</li><li>• Use for serial number change only for a NO MCR class (PTM 350.7)</li></ul>	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"> <li>• 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</li> <li>• Use for qualifying a pay period while on Non-Industrial Disability Insurance (NDI); or</li> <li>• 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</li> <li>• Use for qualifying a pay period while employee is on dock and furlough.</li> <li>• *For Civil Service employee only.</li> </ul>	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"> <li>• Special adjustments for salary inequities.</li> <li>• CPA/CPS increase.</li> <li>• Restoration of salary following a PUN.</li> </ul>	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	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	ID	ID	ID	ID	ID	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	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	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION 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			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	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	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITIONS	BIRTH DATE	OPRB 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	355	356	357	358	359	360
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 #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	456
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	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
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	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG 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	
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730
					MM/DD/YY	710 MM DD YY MM DD YY	HOURS HDTH							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	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPER 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
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 #
		306 TOTAL SALARY	310	315	320	325	HH/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX
		405	410	415	416	425	426	430	435	440	445	450	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY 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 IMPED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 HH/YY	606 D/M/ HRS	607 D/M/ HRS	615	620 D/M/ HRS	625 D/M/ 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	
		705	HOS	HOURS	AS OF	1) / / THRU / /				715 HH/YY	720	725	726	730
						2) / / THRU / /								
						3) / / THRU / /								
						710 HH DD YY HH DD YY								

\* 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>00</u> OF <u>00</u>				
															010 DOCUMENT PROCESSING NUMBER <u>00</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	353	354	355	356	357	358	359	360					
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 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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.				
		603	605 HH/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636
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 / /	710 HH DO YY MM DO YY	HOURS	HDTH	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**

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				351	ID	ID	ID	ID	ID	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 #
		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	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430		435			440	450
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
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	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG 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 / /				715 MM/YY	720	725	726	730	735
				MM/DD/YY	2) / / THRU / /				710 MM DD YY MM DD YY	HOURS	HDTH			740

1. Refer to PAM Section 5 when documenting an overpayment on a separated employee.
2. 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 00 OF 00		
															010 DOCUMENT PROCESSING NUMBER 00		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COURTY 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	ID	ID	ID	ID	ID	ID	ID	ID	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	#HOS	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	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 INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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	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	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DO YY MM DO YY	HOURS HDTH	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

## 325

															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	COURTY CODE	OTHER POSITION	BIRTH DATE	OPED 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	ID	ID	ID	ID	ID	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 #		
		306 TOTAL SALARY	310	315	320	325	325	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		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	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 IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
		603	605 HH/YY	606 DMS	607 DMS	615	620 DMS	625 DMS	630	635	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710	715	720	725	730	735	740							

\*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**

															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	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT 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	#HOS	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	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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	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 DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730

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"/> 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	351	352	353	354	355	356	357	358	359	360
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 #
		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	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	456
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	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
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	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	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	MM/DD/YY	710 MM DD YY MM 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 (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	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	ID	ID	ID	ID	ID	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 #
		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	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	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
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	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	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	HRS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730
					MM/DD/YY	2) / / THRU / /								
						3) / / THRU / /								
						710 MM DD YY MM DD YY	HOURS	HDTH						

\*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	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	ID	ID	ID	ID	ID	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	#HOS	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	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 INH/ED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FDX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605 MM/YY	606 DAG	HRS	HDTH	607 DAG	HRS	HDTH	615	620 DAG	HRS	HDTH	625 DAG	HRS	HDTH
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 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	710	MM	DD	YY	MM	DD	YY	HOURS	HDTH			

\*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
○	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

**345**

															005 SEQUENCE NUMBER <input type="text"/> <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	351	352	353	354	355	356	357	358	359	360		
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	#HOS	APPOINTMENT EXPIRATION DATE	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	455	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	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	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	655	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	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735	740

\*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 <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	351	352	353	354	355	356	357	358	359			
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	330	335	340	345	350	355	356	357		
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/HED	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	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			
		705	710 HH DO YY HH DO YY	715 HH/YY	720	725	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 <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	COURTY 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	ID	ID	ID	ID	ID	ID	ID	ID	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	#HOS	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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	655			
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 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DO YY MM DO YY	HOURS HDTH										

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 <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	COURTY 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	ID	ID	ID	ID	ID	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 #		
		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	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		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	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NFI)	TIME TO BE PAID (OIA)	PAY IMPED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	710	715	720	725	730	735	740	745	750	755	760	765		

\*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 <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																						
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		310		315		320		325		MM/DD/YY	330	335	340	345	350	355	356									
4	TO		TIME BASE		APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		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/HED	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 INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		UNIT	SERIAL	SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED					
	603		605	MM/YY	606	DAS	HRS	HDTH	607	DAS	HRS	HDTH	615	(S) (V)	620	DAS	HRS	HDTH	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														
	705		HOS	HOURS	AS OF	710	MM	DO	YY	MM	DO	YY	HOURS	HDTH	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>00</u> OF <u>00</u>														
010 DOCUMENT PROCESSING NUMBER <u>0</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	OPED 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	ID	ID	ID	ID	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 #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	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
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	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG 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	
		705	HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730
					MM/DD/YY	2) / / THRU / /								
						3) / / THRU / /								
						710 MM DO YY MM DO YY	HOURS	HDTH						

\*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 <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	OPED 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	ID	ID	ID	ID	ID	ID	ID	ID	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 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/HED	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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	655			
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 MM/YY	720	725	726	730	735	740	

\*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 00 OF 00																	
010 DOCUMENT PROCESSING NUMBER																	
1	TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COURTY 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		215					351	ID	ID	ID	ID	ID	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	310	315	320	325	MM/DD/YY		330	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 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 INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
		603	605	606	607	615	620	625	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	710	715	720	725	730	735	740								

\*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
○	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 <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	COURTY 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	ID	ID	ID	ID	ID	ID	ID	ID	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	#HOS	APPOINTMENT EXPIRATION DATE	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	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	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INH/MED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	730	735	740	
					MM/DD/YY	2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY	HOURS HDTH									

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 <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	351	ID	ID	ID	ID	ID	ID	ID	ID	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	#HOS	APPOINTMENT EXPIRATION DATE		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 INHIB	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 DMS	HRS	HDTH	607 DMS	HRS	HDTH	615	620 DMS	HRS	HDTH	625 DMS	HRS	HDTH	630	635	636
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 DD YY MM 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

960 – Corrected Transaction Identifier

**555**

															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	OPED 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	355	356	357	358	359	360				
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	330	335	340	345	350	355	356	357	358	359	360	
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		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/HED	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	570	575		
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	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 NM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	710	715	720	725	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

**560**

															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 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	ID	ID	ID	ID	ID	ID	ID	ID	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	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	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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		655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		705	HRS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DO YY MM DO YY	HOURS HDTH	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 <input type="text"/> OF <input type="text"/>															
010 DOCUMENT PROCESSING NUMBER <input type="text"/>															
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 AGENCY 121 UNIT 122 CLASS 123 SERIAL				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITIONS 135	BIRTH DATE 140	OPEB CBID 142	
2	TO	TRANSACTION CODE 205	EFFECTIVE DATE AND HOURS 210	EMPLOYMENT HISTORY REMARKS 215					ESTABLISHED EARNINGS 351 IND ID 352 IND ID 353 IND ID 354 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 PLUS SALARY MM/DD/YY	ANNUAL 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	CERT # 425	TYPE OF LIST OR EXAM STATUS 426	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL CODE 440	FORM 445	SEX 450	PRIOR STATE SERVICE 455	DISABILITY CODE 455	
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/HED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 540	NON CITIZEN 545	MEDICAL CLEARANCE 550	FINGERPRINT 555	PROFESSIONAL LICENSE TYPE 560	EXPIRATION DATE 565	JOB INCURRED INJURY CODE 565	DATE 565
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HRS HDTH	TIME TO BE PAID (OLD) 607 DAS HRS HDTH	PAY INHED 615	LUMP SUM TO BE PAID (S) (V) 620 DAS HRS HDTH	LUMP SUM EXTRA HRS 625 DAS HRS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	FIX MAINTENANCE FIRST/FINAL DED 655	MONTHLY DED.	
7	TO	TOTAL STATE SERVICE 705 HOS HOURS AS OF MM/DD/YY			INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DD YY MM DD YY HOURS HDTH			SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726 730				

\*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 <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	COURTY 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	*1	215	351	352	353	354	355	356	357	358	359		
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	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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	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		1) / / THRU / /										
						2) / / THRU / /										
		705	HH/DD/YY	710 HH DO YY HH DO YY	HOURS HDTH	715 HH/YY	720	725	726	730	735	740				

\*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.

# 710

To be used for:

- Layoff purposes; or
- Personnel Operation

														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 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	ID	ID	ID	ID	ID	ID	ID	ID	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 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 INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG 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		1) / / THRU / /										
						2) / / THRU / /										
						3) / / THRU / /										
		705		MM/DD/YY	710 MM DO YY MM DO YY	HOURS HDTH	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

## 715

															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 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	*1 <input type="text"/>	*3 <input type="text"/>				IND	ID	IND	ID	IND	ID	IND		
		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	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		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	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430		435			440	445		
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		
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	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			
		NOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735		
		705		MM/DD/YY	710 MM DO	711 MM DO	712 MM DO	713 MM DO	714 MM DO	715 MM/YY	720	725	726	730		

\*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	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	355	356							
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	330	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 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/HED	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 INHED	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 HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	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						
		705	710	715	720	725	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 <input type="text"/> *2				351	ID	ID	ID	ID	ID	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	HH/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	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	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	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 HH/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	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				
		705	HOS	HOURS	AS OF	1) / / THRU / /			715 HH/YY	720	725	726	730	735	
						2) / / THRU / /									
						3) / / THRU / /									
						710 HH DO YY HH DO YY HOURS HDTH									

\*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 <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	IND	ID	IND	ID	IND	ID	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		ANNUAL DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE			
	305	310	315	320	325	330	335	340	345	350	355	356																				
4	TO		TIME BASE		APPT TENURE		#HOS		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 INHIBIT		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.			
	603	605	606	607	615	620	625	630	635	636	645	655																				
7	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																			
	705	710	715	720	725	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 <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 CB ID	
	105	110	111	120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	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	MM/DD/YY	330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		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	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	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	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
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG							
	HOS	HOURS	AS OF	1)	/	/	THRU	/	/	/	/	/	/	/	/	/	
	705	MM/DD/YY	710	MM	DD	YY	MM	DD	YY	HOURS	HDTH	715	MM/YY	720	725	726	730

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	ID	ID	ID	ID	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 #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430		435			440	450		
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		
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	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG 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			
		HOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735		
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY MM DD YY	HOURS HDTH								740		

\*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
=	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

# SAL

															005 SEQUENCE NUMBER <u>00</u> OF <u>00</u>			
															010 DOCUMENT PROCESSING NUMBER <u>00</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				ESTABLISHED EARNINGS								
		205	210	215	351	352	353	354	355	356	357	358	359	360	361	362	363	
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	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		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	420	425	430	435	440	445	450	455	460	465	470	475	480	
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	570	575	580	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	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	606	607	608	609	610	611	612	613	614	615	616	617	618	619	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	

\*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																					
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID														
3	TO	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNUAL DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE			
		306	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		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		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		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	655					
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG																			
		705	MM/YY	710	MM	DD	YY	MM	DD	YY	715	MM/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.





**Lines 8 – 9 Items**

957 – Other Eligibility Substantiation (Required)

960 – Corrected Transaction Identifier