

## Personnel Action Manual

## Section 3

## Separation Transactions

Rev. 06/2022



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## SEPARATION TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX

### Section 3.200 (Revised 11/04)

See PAM page 2.209.1 for inactive/redefined transaction codes.

Code	Title/Description	PAM Section
S01	Resignations Voluntary – From any appointment. Also includes voluntary resignation while on leave of absence and separation of permanent intermittent employee who did not report to work after being requested to report three times or was in non-pay status for one year.	3.204
S02	Resignations * Layoff Situation or In Lieu of Involuntary Transfer	3.206
S03	Resignations * In Lieu of Military Leave	3.208
S04	Resignations * Failure to Meet Conditions of Employment	3.210
S05	Resignations 1. For employee moving to, from or between exempt positions when lump sum vacation is to be paid. 2. For current CalPERS member moving to an exempt position covered under a different retirement system. 3. For employee being appointed or employed by the Legislature (House or Legislative Committee). 4. For employee accepting California State University (CSU) exempt appointment. 5. Do not use for employee accepting employment with California Conservation Corps (CCC).	3.212
S20	Resignations ** Voluntary under Unfavorable Circumstances – Pursuant to a stipulated agreement resulting from an appeals process. This code should be used <i>only</i> in those cases where the employee has entered into a stipulated agreement (approved by the State Personnel Board (SPB)) with the appointing power to voluntarily resign “with fault.”	3.214
S21	Resignations * AWOL – Automatic resignation as a result of an absence without approved leave for five consecutive working days.	3.216
S30	Termination Without Fault Layoff Situation (Reduction in Force)	3.218

\* For separation of Civil Service employee only

\*\* For actions occurring after 02/02/89

Code	Title/Description	PAM Section
S31	<p>Termination Without Fault</p> <p>1. No Layoff Situation</p> <p>Includes termination of Temporary Appointment (TAU), Limited Term (LT), Emergency, Exempt and Retired Annuitant appointments, or for Career Executive Assignment (CEA) who does not wish to exercise right of return.</p> <p>2. *** Termination From Immediate Pay Appointment</p>	<p>3.220</p> <p>3.221.1</p>
S32	<p>Termination Without Fault</p> <p>* Medical Reasons</p>	3.222
S33	<p>Termination Without Fault</p> <p>* Displacement</p> <p>When employee is separated because another employee exercised his/her right of return. Becomes effective after reemployment list eligibility expires (after 5 years).</p>	3.224
S40	<p>Termination With Fault (No Layoff Situation)</p> <p>Includes termination of TAU, LT, Emergency, CEA, Exempt and Retired Annuitant appointments.</p>	3.226
S41	<p>Termination With Fault (No Layoff Situation)</p> <p>* Dismissal</p>	3.228
S49	<p>Leave of Absence</p> <p>Non-Industrial Disability Insurance (NDI) Leave</p>	3.230
S50	<p>Leave of Absence</p> <p>Regular or State Disability Insurance (SDI) Leave</p>	3.232
S51	<p>Leave of Absence</p> <p>Military – Short Term</p>	3.234
S52	<p>Leave of Absence</p> <p>Military – Long Term</p>	3.236
S53	<p>Leave of Absence</p> <p>Military – Emergency</p>	3.238
S54	<p>Leave of Absence</p> <p>Temporary – 30 days or less under California Department of Human Resources (CalHR) Regulation 599.781 (only when effective immediately after an S49 Transaction).</p>	3.240
S55	<p>Leave of Absence</p> <p>* Special – Technical Cooperation Program, Peace Corps, VISTA (Per G.C. 19991.2); Veterans Education (Per G.C. 19991.9); Civilian War Work, U.S. Merchant Marine, Full Time Duty with American Red Cross, Military Substitution Service (Per G.C. 19991.8).</p>	3.242

\*\*\* Formerly "One Document Method" Appointment

\* For separation of Civil Service employee only

Code	Title/Description	PAM Section
S56	Leave of Absence * Special – Job Incurred Injury or Illness	3.244
S57	Temporary Off Payroll 1. Pending Investigation of Injury or Illness 2. Involuntary Leave Pending Disability Retirement	3.246
S70	Retirement Service – Voluntary or Compulsory	3.248
S71	Retirement Disability	3.250
S80	Other * Termination – Illegal Appointment (Per G.C. 19257 or G.C. 19257.5 – Initiated by Personnel/Payroll Services Division (PPSD))	3.252
S85	Other * Adverse Suspension	3.254
S90	Other * Rejection During Probationary Period	3.256
S95	Other Death	3.258
S99	Other Cancellation of Appointment	3.260

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\* For separation of Civil Service employee only

**S01**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
<b>1</b> 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	
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS								IND	ID	IND	ID	ESTABLISHED EARNINGS		
	205	210			215	*3 <input type="text"/>				351	352	353	354	355	356	357	358	359	360
<b>3</b> 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			
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION 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					
<b>5</b> TO	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						
<b>6</b> TO	REASON FOR SEPARATION  *2 603	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.	
		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							
<b>7</b> TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	MOS 705	HOURS <input type="text"/>	AS OF <input type="text"/>	HM/DD/YY	1) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/>	2) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/>	3) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/> YY	HOURS HDT	715 MN/YY	720	725	*1 <input type="text"/>	726	730	735	740			

\*1 Items 725 – 740 cannot have an entry when reporting separation of exempt employee.

\*2 Optional when reporting separation of exempt employee.

\*3 Required when employee's work schedule is other than normal (i.e., 4-10-40 or ½ Time = 8 hours a day for 2 weeks per month).

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**

857 – Emergency Qualifying Time  
869\* – Reemployment List Eligibility Date  
871 – Right of Return Designation  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952\*\* – Case No. and Date of Action  
957 – Other Eligibility Substantiation  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

### **Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S01 resignation while on leave of absence

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\* Refer to PAM Section 5.76 for documentation instructions

\*\* Items 869, 952 and 962 cannot have an entry when reporting separation for an exempt employee

Section 3.206: RESIGNATION WITHOUT FAULT LAYOFF SITUATION OR IN LIEU OF  
INVOLUNTARY TRANSFER (Revised 06/22)

**S02**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
<b>1</b>	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID		
TO	105	110	111					120	121	122	123	124	126	130	135	140	142		
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
TO	205	210	215	O	O			IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
<b>3</b>	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	MM/DD/YY	330	335	340	345	350	355	356						
<b>4</b>	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL		SEX	PRIOR STATE SERVICE		DISABILITY CODE			
TO	405	410	415	416			425	426	430	435	440	445	450	455					
<b>5</b>	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						
<b>6</b>	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INNED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED				
TO	603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	625 DAS	HDTH	630	635	636	645	655	
<b>7</b>	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
TO	NOS	HOURS	AS OF	1)	/	THRU	/		O	715 MM/YY	720	725	726	730	735	740			
	O	O	O	2)	/	O	THRU	/											
				3)	/	/	THRU	/	HOURS	HDTH									
				710	MM	DD	YY	MM	DD	YY									

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**

869\* – Reemployment List Eligibility Date  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S03**

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/> 010 DOCUMENT PROCESSING NUMBER <input type="text"/>																		
<b>1</b>	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID
	105	110	111	120	121	122	123	124	126	130	135	140	142					
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215	215	351	351	352											
<b>3</b>	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	356				
<b>4</b>	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION 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						
<b>5</b>	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					
<b>6</b>	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	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED.		
	603	605 MM/YY	606 DAS HRS HDT	607 DAS HRS HDT	615	(S) (V)	620 DAS HRS HDT	625 DAS HRS HDT	630	635	636	645	655			MONTHLY DED.		
<b>7</b>	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	HOURS	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**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S03

Section 3.210: RESIGNATION WITHOUT FAULT FAILURE TO MEET CONDITIONS OF  
EMPLOYMENT (Revised 06/22)

**S04**

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
<b>1</b> 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						
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	210	215	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
<b>3</b> 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						
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION		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	435	440	445	450	455						
<b>5</b> 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						
<b>6</b> 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 EXTRARS	LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	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
<b>7</b> 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 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**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S04

**S05**

- Use for employee moving to exempt position or from exempt position to civil service and lump sum vacation is to be paid\*1 (this occurs when vacation accrual rate is higher in losing position than in gaining position); or
- Use for current CalPERS member moving to exempt position covered under a different retirement system; or
- Use for employee being appointed or employed by the Legislature (House or Legislative Committees.) These Legislative employees are not paid under the Uniform State Payroll System; or
- Use for employee accepting a CSU Exempt Appointment; or
- DO NOT USE for employee accepting employment with CCC.  
(Use other appropriate separation code.)

												005 SEQUENCE NUMBER <u>      </u> <u>      </u>						
												010 DOCUMENT PROCESSING NUMBER <u>      </u>						
<b>1</b> 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		
<b>2</b> 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		
<b>3</b> TO	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNI	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				
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		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				
<b>5</b> 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					
<b>6</b> 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	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 NH/YY	606 DAS HRS	HDT	607 DAS HRS	HDT	615	620 DAS HRS	HDT	625 DAS HRS	HDT	630	635	636	645	655		
<b>7</b> 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	1) / / THRU / /				715 NH/YY	720	725	726	730	735	740			
				2) / / THRU / /														
				3) / / THRU / /														
				NH DD YY				HOURS	HDT									

\*1 When **no** lump sum vacation is to be paid, see page 5.40.

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 (Required)  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

Section 3.214: VOLUNTARY RESIGNATION UNDER UNFAVORABLE CIRCUMSTANCES PURSUANT  
TO A STIPULATED AGREEMENT FROM AN APPEALS PROCESS\* (Revised  
06/22)

## S20

- Use only when the employee has entered into a stipulated agreement (approved by the SPB) with the appointing power to voluntarily resign “with fault.”

														005 SEQUENCE NUMBER <input type="text"/>				
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
<b>1</b>	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	
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS						
	205	210		210	<input type="text"/>	215	<input type="text"/>		IND	ID	IND	ID	IND	ID	IND	ID	ID	
<b>3</b>	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				
<b>4</b>	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		
<b>5</b>	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			
<b>6</b>	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	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	630	635	636	645
<b>7</b>	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	MOS <input type="text"/>	HOURS <input type="text"/>	AS OF <input type="text"/>	MM/DD/YY	1) / / THRU / /				<input type="text"/>	715 MM/YY	720	725	726	730	735	740		
	705				2) / / THRU / /													
					3) / / THRU / /													
					710 MM DD YY HH DD 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.

\* For actions occurring after 02/02/89

### **Lines 8 – 9 Items**

857 – Emergency Qualifying Time  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

### **Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S20 for Civil Service employee

Section 3.216: AWOL – AUTOMATIC RESIGNATION AS A RESULT OF AN ABSENCE WITHOUT APPROVED LEAVE FOR FIVE CONSECUTIVE WORKING DAYS (Revised 06/22)

**S21**

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
<b>1</b>	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE			
	105		110		111			120	121	122	123	124	126	130	135	140	145		
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS											
	TO		<input type="text"/> 210		<input type="text"/> 215			<input type="text"/>	<input type="text"/>	IND	ID	IND	ID	IND	ID	IND	ID		
<b>3</b>	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	NM/DD/YY	330	335	340	345	350	355	356			
<b>4</b>	TIME BASE	APPT	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD	MCR APPROVAL		SEX	PRIOR STATE SERVICE		DISABILITY CODE				
	TO	405	410	415	416		425	426	430	CODE	ENDING DATE	CODE	FORM	DATE	440	445	450	455	
<b>5</b>	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	<input type="checkbox"/>	<input type="checkbox"/>	550	555	560	565				
<b>6</b>	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			
	TO	603	605 NM/YY	606 D/A/H	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	625 D/A/H	HRS	HDTH	630	635	636	645
<b>7</b>	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	TO	HOS	HOURS	AS OF	1) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> /	2) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> /	3) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> /	710 MM DD YY	715 MM/YY	720	725	726	730	735	740				

Symbol	Meaning
<b>=</b>	Required – MUST be completed
<b>○</b>	Conditional – MUST be completed when required by ITEM DEFINITION
<b>●</b>	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**

877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S21

Section 3.218: TERMINATION WITHOUT FAULT LAYOFF SITUATION (REDUCTION IN FORCE)  
 (Revised 06/22)

**S30**

												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	ARRIV DATE
	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	210	215	215	351	351	352	352	352	352	352	352	352	352	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	HM/DD/YY	330	335	340	345	350	355	356	356	356	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	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	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	LUMP SUM	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 HH/YY	606 0/6 HRS HDT	607 DAS HRS HDT	615	620 DAS HRS HDT	625 0/6 HRS HDT	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	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY HH DD YY	715 HH/YY	720	725	726	730	735	740	

\*1 Items 725 & 730 are required for civil service only.

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**

869 – Reemployment List Eligibility Date  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

# S31

															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	ANNIV DATE	
	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		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		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 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	LUHM SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED				
	603	605 MM/YY	606 DAS HRS	HDTH	607 DAS HRS	HDTH	615	620 0/6 HRS	625 DAS HRS	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 / /	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**

857 – Emergency Qualification Time  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

Section 3.221.1: TERMINATION WITHOUT FAULT FROM IMMEDIATE PAY APPOINTMENT  
 (Revised 06/22)

**S31**

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
														010 DOCUMENT PROCESSING <input type="text"/> NUMBER <input type="text"/>					
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE	
	105		110		111				120	121	122	123	124	126	130	135	140	145	
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
			*1						IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
<b>3</b> TO	305 ACTUAL RATE 306 TOTAL SALARY		SALARY PER 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		
	310		315		320		325	MM/DD/YY		330	335	340	345	350	355	356			
<b>4</b> TO	TIME BASE 405		APPT TERURE 410		#HOS 415	APPOINTMENT EXPIRATION DATE 416		CERT # 425	TYPE OF LIST OR EXAM STATUS 426		PROBATIONARY PERIOD		HCR APPROVAL CODE 430		SEX 440	PRIOR STATE SERVICE 450		DISABILITY CODE 455	
											CODE 435	FORM 445	DATE 450						
<b>5</b> TO	ACCOUNT CODE 505		SAFETY MEMBER 510		SURVIVORS BENEFITS 515	SS/NED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535	NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT		PROFESSIONAL LICENSE EXPIRATION DATE 550		JOB INCURRED INJURY CODE 555			
												TYPE 555	560						
<b>6</b> TO	REASON FOR SEPARA TION 603	PAY PERIOD 605 HH/YY		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED 615	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE 620	LUMP SUM 625		SEPARATION EXPIRATION DATE 630	FIX MAINTENANCE FIRST/FINAL DED 635		
						*2						(S) (V)				UNIT 635	SERIAL 636	HOURS 645	MONTHLY DED. 655
<b>7</b> TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS 715	REEMPLOYMENT LIST CLASS 720		REEMPLOYMENT LIST ELIG 725		730		735	740
	HOS 705	HOURS 706	AS OF 707	MM/DD/YY 708	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	MM DD YY HH DD											

\*1 The effective date must be the date shown in Item 416 on the "Immediate Pay Appointment"

\*2 Entry in Item 606 must be "NON"

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**

857 – Emergency Qualification Time

906 – Corrected Transaction Identifier

**S32**

																		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	ANNIV DATE		
	105		110		111			120	121	122	123	124	126	130	135	140	145		
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							IND	ID	IND	ID	IND	ID		
								215		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	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 IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUHP SUM	LUHP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED				
	603	605 MM/YY	606 D46	HRS	HDTH	607 D46	HRS	HDTH	615	(S) (V)	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	MM/DD/YY	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**

869 – Reemployment List Eligibility Rate  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S32

**S33**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE					
	105	110		111			120	121	122	123	124	126	130	135	140	145							
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS														
	205					210			215		IND	ID	IND	ID	IND	ID	IND	ID					
<b>3</b> 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	NN/DD/YY	330	335	340	345	350	355	356								
<b>4</b> TO	TIME BASE	APPT TERURE	#MOS	APPOINTMENT EXPIRATION		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							
<b>5</b> 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										
<b>6</b> 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	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED						
	603	605	HM/YY	606	DAS	HRS	HDTH	607	DAS	HRS	HDTH	615	(S) (V)	620	DAS	HRS	625	DAS	HDTH	630	635	636	645
<b>7</b> TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG									
	HOS	HOURS	AS OF	NN/DD/YY	1)	/	/	THRU	/	/		715	NN/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**

869 – Reemployment List Eligibility Rate  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S40**

																		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	ANNIV DATE	
	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 #		PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY		310	315	320	325 NM/DD/YY		330	335	340	345	350	355	356							
4 TO	TIME BASE		APPT TENURE	#MOS		APPOINTMENT EXPIRATION HOURS			CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		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	LUMP SUM	SEPARATION EXPIRATION DATE : HOURS		FIX MAINTENANCE FIRST/FINAL DED		
	603		605 NM/YY	606 D46	HRS	HDT	607 D45	HRS	HDT	615	620 D46	HRS	HDT	625 D46	HRS	HDT	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 / /	710 MM DD YY	710 MM DD YY	710 MM DD YY	715 NM/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**

857 – Emergency Qualifying Time  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

### **Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S40

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\* Refer to PAM Section 5.76 for documentation instructions

**S41**

																		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	ANNIV DATE	
	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		
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 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	LUHM SUM UNIT	LUHM SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED				
	603	605 MM/YY	606 DAS HRS	HDT	607 DAS HRS	HDT	615	(S) <input type="checkbox"/> (V) <input type="checkbox"/>	620 0/6 HRS	HDT	625 DAS HRS	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	3) / / THRU / /	2) / / THRU / /	1) / / THRU / /		715 MM/YY	720	725	726	730	735	740				

\*1 See Section 5 for information on documenting Decision of SPB After Appeal.

An employee employed in more than one position must be separated from all positions using the S41 Transaction. **Appointing powers should coordinate the processing of separations from all positions.**

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**

874 – Punitive Action and Rejection Substantiation (Required)  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. Adverse Actions

Section 3.230: LEAVE OF ABSENCE NON INDUSTRIAL DISABILITY INSURANCE LEAVE  
 (Revised 06/22)

**S49**

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE	
	105	110		111			120	121	122	123	124	126	130	135	140	145	
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
	205	210	*	1	*	3	O	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
<b>3</b> 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		
<b>4</b> TO	TIME BASE	APPT TERURE	#MOS	APPOINTMENT EXPIRATION DATE	EXPIRATION 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		
<b>5</b> 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				
<b>6</b> 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				
	603	605 MM/YY	606 DAS	607 HRS	608 HDTH	615	620 DAS	621 HRS	625 DAS	630	635	636	645	655			
<b>7</b> 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		YY	HH	DD	YY	HH	DD	YY	HH	DD	YY	HH	DD	

\*1 First day on NDI benefits (date approved on DE 8500A by Employment Development Department (EDD)). If employee is on payroll for a portion of the day due to sick leave, vacation, holiday or CTO credits, enter the number of hours on the payroll. If employee was off the payroll for the entire day, enter "BOB" (Beginning of Business).

\*2 Do not complete if employee is paid by positive attendance (roll code 3-8).

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

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**

892 – Last Day on Pay Status (Required)  
952 – Case No. and Date of Action  
960 – Corrected Transaction Identifier  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S50**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>								
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>								
<b>1</b>	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE									
TO	105	110		111				120	121	122	123	124	125	130	135	140	145									
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS														
TO	<input type="text"/> 2		<input type="text"/> 210		<input type="text"/> 215			<input type="text"/> 351				IND	ID	IND	ID	IND	ID	IND	ID							
<b>3</b>	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	NN/DD/YY		330	335	340	345	350	355	356										
<b>4</b>	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								
TO	405	410	415	416			425	426		430		435			440	445	450	455								
<b>5</b>	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									
TO	505	510	515	520	525	530	535	540	545	550	555	560	565													
<b>6</b>	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	<input type="text"/> 1	<input type="text"/> 1	605	HM/YY	606	DAS	HRS	HDTH	607	DAS	HRS	HDTH	615	620	0/6	HRS	HDTH	625	DAS	HRS	HDTH	630	635	636	645	655
<b>7</b>	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG												
TO	MOS	HOURS	AS OF		1) / / THRU / /																					
	<input type="text"/> 705	<input type="text"/> 705	<input type="text"/> 705		2) / / THRU / /																					
					3) / / THRU / /																					
					710	MM	DD	YY	710	MM	DD	YY	HOURS	715	MM/YY	720	725	726	730	735	740					

\*1 This item is conditional for exempt employees.

\*2 For consecutive S50 transactions refer to PAM pages 2.35 and 2.86.

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**

952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S50

**S51**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE	
	105		110		111				120	121	122	123	124	126	130	135	140	145	
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS								ESTABLISHED EARNINGS						
	205		210		215				351				IND	ID	IND	ID	IND	ID	IND
<b>3</b> 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				
<b>4</b> 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							
<b>5</b> 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	540	545	550	555	560	565						
<b>6</b> 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	SEPARATION EXPIRATION DATE	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
<b>7</b> TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	NN/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY	715 MM/YY	720	725	726	730	735	740				

\*1 Refer to Personnel Transactions Manual (PTM) Section 480.

Symbol	Meaning
<b>=</b>	Required – MUST be completed
<b>○</b>	Conditional – MUST be completed when required by ITEM DEFINITION
<b>●</b>	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**

865 – Military Substantiation (Required)  
871 – Right of Return Designation (Required for Civil Service Employee Only)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
964 – Military Service Dates  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S51 granted for civil service employee

**S52**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE		
	105		110		111				120	121	122	123	124	126	130	135	140	145		
<b>2</b> 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	
<b>3</b> 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					
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST	PROBATIONARY PERIOD		MCR APPROVAL		SEX		PRIOR STATE SERVICE	DISABILITY CODE				
	405	410	415	416			425	426	CODE	ENDING DATE	CODE	FORM	DATE	440	445	450	455			
<b>5</b> 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						
	505	510	515	520	525	530	535	540	545	550	555	560	565							
<b>6</b> 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	LUMP SUM SERIAL	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	
<b>7</b> 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 / /	MM/DD/YY	710 MM DD YY	711 MM/YY	720	725	726	730	735	740					

\*1 Refer to PTM Section 485.

Symbol	Meaning
<b>=</b>	Required – MUST be completed
<b>○</b>	Conditional – MUST be completed when required by ITEM DEFINITION
<b>●</b>	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**

865 – Military Substantiation (Required)  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S52 granted for civil service employee

**S53**

																		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	ANNIV DATE		
	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							
									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		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 ATHORITY	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 EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED					
	603	605 MM/YY	606 046	HRS	HDT	607 046	HRS	HDT	615	620 046	HRS	HDT	625 046	HRS	HDT	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	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					

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**

865 – Military Substantiation (Required)  
871 – Right of Return Designation (Required for Civil Service Employee Only)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S53 granted for civil service employee

Section 3.240: LEAVE OF ABSENCE MILITARY \*1 TEMPORARY – 30 DAYS OR LESS;  
UNDER CCR 599.781 (Revised 06/22)

**S54**

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
<b>1</b> TO	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL				POSITION NUMBER				OTHER POSITION	BIRTH DATE	OPEB CBID		
	105	110			111			120	121	122	123	124	126	130	135	140	142
<b>2</b> 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
<b>3</b> 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				
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION		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			
<b>5</b> TO	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				
<b>6</b> 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	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED	
	603	605 MM/YY	606 046 HRS	607 DAS	608 HRS	609 HDTW	615	620 046 HRS	621 HDTW	625 046 HRS	630	635	636	645	655	MONTHLY DED.	
<b>7</b> 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		

\*1 Use only to place employee on temporary leave effective immediately after an S49 Transaction (see PAM pages 3.136 or 5.30 for documenting temporary leaves for other reasons.)

\*2 Separation expiration date cannot exceed 30 calendar days from effective date in Item 210.

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**

958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S55**

																		005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>	
																		010 DOCUMENT PROCESSING NUMBER <input type="text"/>	
<b>1</b>	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	125	130	135	140	142	
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS								ESTABLISHED EARNINGS						
	205	210		215					351	IND	ID	IND	ID	IND	ID	IND	ID	352	
<b>3</b>	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				
<b>4</b>	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		
<b>5</b>	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	540	545	550	555	560	565						
<b>6</b>	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	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED				
	603	605 MM/YY	606 046 HRS	HDT	607 046 HRS	HDT	615	620 046 HRS	HDT	625 046 HRS	HDT	630	635	636	645	655			
<b>7</b>	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT		REEMPLOYMENT						
	MOS	HOURS	AS OF	NN/DD/YY	1) / / THRU / /			715 MM/YY	720	725	726	730	735	740					
	705				2) / / THRU / /														
					3) / / THRU / /														
					NN DD YY														

\* PER G.C. 19991.2 – Technical Cooperation Program, Peace Corps, Vista  
 PER G.C. 19991.9 – Veterans Education  
 PER G.C. 19991.8 – Civilian War work, U.S. Merchant Marine, Full Time Duty with American Red Cross, Military Substitution Service

Symbol	Meaning
<b>=</b>	Required – MUST be completed
<b>○</b>	Conditional – MUST be completed when required by ITEM DEFINITION
<b>●</b>	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**

866 – Leave of Absence Substantiation, Special  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S55

Section 3.244: LEAVE OF ABSENCE\*1 SPECIAL – JOB INCURRED INJURY OR ILLNESS  
(PER G.C. 19991.4) OR PER LC 4656 (C) (1) OR (2) (Revised 06/22)

**S56**

														005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
														010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
<b>1</b> 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	
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
	205	210			215			351	352	353	354	355	356	357	358	359		
<b>3</b> 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				
<b>4</b> 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				
<b>5</b> 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					
<b>6</b> 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	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.	
	603	605	605	606	606	606	607	607	615	620	625	630	635	636	645	655		
<b>7</b> 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	/	/	715	720	725	726	730	735	740		

\* 1 Exempt employees are not eligible for this type of leave.

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**

866 – Leave of Absence Substantiation (Required)  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S56

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\* Refer to PAM Section 5.76 for documentation instructions

**S57**

1. Temporarily off payroll pending investigation of injury or illness\*1  
or
2. Involuntary leave pending disability retirement

1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	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	205	210		215				IND	ID	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	
TO	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		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	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 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 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 MM/YY	606 DAS HRS	HDTH	607 DAS HRS	HDTH	615	620 DAS HRS	HDTH	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						
TO	MOS	HOURS	AS OF	MM/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	MM/DD/YY	715 MM/YY	720	725	726	730	735	740				

\*1 DO NOT USE for Agricultural Associations or CCC employees.

\*2 Item 645 – Separation Expiration Date, cannot exceed one year from effective date in Item 210 (or cannot exceed appointment expiration date of a temporary employee).

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  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S70**

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>								
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>								
<b>1</b> 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			
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS						ESTABLISHED EARNINGS									
	*1	*1	<input type="text"/>	210	215	<input type="text"/>	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
<b>3</b> 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	NH/DD/YY	330	335	340	345	350	355	356						
<b>4</b> TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		425	HOURS		CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	430	435	MCR APPROVAL CODE	440	445	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416				426							450	455				
<b>5</b> TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/NED	RETIREMENT RATE (%)	535	EXEMPT AUTHORITY	540	OATH	NON CITIZEN	MEDICAL CLEARANCE	550	555	FINGERPRINT	560	565	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
	505	510	515	520	525	530		545	<input type="checkbox"/>	<input type="checkbox"/>										
<b>6</b> 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	LUH SUM	SEPARATION EXPIRATION DATE	UNIT	645	655	FIX MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.		
	603	605 NH/YY	606 DAS HRS	HDT	607 DAS HRS	HDT	615	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	620 DAS HRS	HDT	625 DAS HRS	630	635	636				
<b>7</b> TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG								
	MOS	HOURS	AS OF	705	1) / /	THRU / /		715 NH/YY	720	725	726	730	735	740						

\*1 If NDI benefits should be paid for the day of separation, the effective date of the S70 Transaction should be changed to the next day "BOB". IN ALL OTHER CASES the S70 Transaction must be effective at the close of business and there should be no entry in "HOURS."

\*2 S70 Transaction occurring after an S30, S32 or S33 Transaction is not required to be reported.

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**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
888 – Sick Leave at Retirement (Required)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

**S71**

															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	*2	*2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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	NH/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		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 IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRAHRS		LUMP SUM PAYMENT CODE	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.			
	603	605 NH/YY	606 DAS	HRS	HDT	607 DAS	HRS	HDT	615	620 DAS	HRS	HDT	625 DAS	HRS	630	635	636	645
7 TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			1) / / THRU / /		2) / / THRU / /		SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG			
	HOS	HOURS	AS OF	710 MM DD	YY	NH DD	YY	HOURS	HDT	715 NH/YY	720	725	726	730	735	740		

\*1 S71 Transaction occurring after an S30, S32 or S33 Transaction is not required to be reported.

\*2 If NDI benefits should be paid for the day of separation, the effective date of the S71 Transaction should be changed to the next day "BOB". IN ALL OTHER CASES the S71 Transaction must be effective at the close of business and there should be no entry in Item 210 – "HOURS."

\*3 Employee is entitled to lump sum sick leave payment if S71 Transaction is due to a WCTD/IDL injury/illness (G.C. 19991.4) and there is a sick leave balance.

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**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
888 – Sick Leave at Retirement (Required)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.252: OTHER SEPARATION\*1, TERMINATION – ILLEGAL APPOINTMENT  
(PER G.C. 19257 OR G.C 19257.5 (Revised 06/22)

**S80**

												005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
												010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
<b>1</b> 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						
<b>2</b> TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215	215	351	352	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
<b>3</b> 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	NM/DD/YY	330	335	340	345	350	355	356						
<b>4</b> TO	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							
<b>5</b> 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						
<b>6</b> TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)	PAY INMED	LUMP SUM TO BE PAID (S) (V)	LUMP SUM EXTRA HRS		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	HDTH	607 DAS	HRS	HDTH	615	620 D46	HRS	HDTH	625 D46	HRS	HDTH	630	635	636	645
<b>7</b> 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	HOURS	715 MM/YY	720	725	726	730	735	740				

\*1 This transaction is initiated by PPSD after notification by SPB. The appointing power will be contacted for any additional information necessary to complete 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.

**Lines 8 – 9 Items**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

**S85**

																		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				IND	ID	IND	ID	IND	ID	IND	ID		
	*1	*1	210			215	351	ESTABLISHED EARNINGS				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	306	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		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	LUMP SUM	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED					
	603	605 NH/YY	606 D46	HRS	HDTH	607 D46	HRS	HDTH	615	620 D46	HRS	HDTH	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							
	705	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	HOURS	HDTH	715 NH/YY	720	725	726	730	735	740			

❖ See PAM Section 5 for information on documenting Decision of SPB After Appeal.

\*1 Effective Date is considered "BOB" unless "Hours" are completed. "COB" must be entered when employee is suspended at close of business.

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**

874 – Adverse Action and Rejection Substantiation (Required)

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. Adverse Actions

**S90**

																		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 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	
	205	210	215				351				352	353	354	355	356	357	358		
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	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	459			
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	540	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 INMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUHP SUM UNIT	LUHP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED			
	603	605 MM/YY	606 DAS HRS	607 DAS HRS	608 DAS HRS	609 DAS HRS	610	615	620 0/6 HRS	621 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						
	705	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY	711 MM/YY	720	725	726	730	735	740				

\*1 See PAM Section 5 for information on documenting Decision of SPB After Appeal.

Symbol	Meaning
<b>=</b>	Required – MUST be completed
<b>○</b>	Conditional – MUST be completed when required by ITEM DEFINITION
<b>●</b>	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  
872 – Salary Increase Certification  
874 – Adverse Action and Rejection Substantiation (Required)  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. Rejection during probation (S90)

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\* Refer to PAM Section 5.76 for documentation instructions

**S95**

															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	<input type="text"/>			<input type="text"/>			IND	ID	IND	ID	IND	ID	IND	ID	<input type="text"/>		
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		MN/DD/YY	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		CODE	MCR APPROVAL FORM DATE		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		DATE
	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 EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
	603	605 MN/YY	606 DAS	HRS	HDT	607 DAS	HRS	HDT	615	620 DAS	HRS	625 DAS	HRS	HDT	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) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/>	2) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/>	3) <input type="text"/> / <input type="text"/> / <input type="text"/> THRU <input type="text"/> / <input type="text"/> / <input type="text"/>	710 MN DD YY	711 MN/YY	720	725	726	730	735	740				

\*1 For an employee employed in more than one position, appointing power(s) should coordinate the processing of separations from all positions.

\*2 Refer to PAM Pages 5.102, 6.1, 6.8, 6.11, 8.8 and 10.16.1 for special instructions.

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**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
880 – Time of Death (Required)  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

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

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

**S99**

															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	125	130	135	140	142					
2 TO	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS							ESTABLISHED EARNINGS										
	*2		<input type="text"/>		<input type="text"/>							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		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	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	SEPARATION HOURS	FIX MAINTENANCE FIRST/FINAL DED					
	*3		606	046	hrs	607	046	hrs	608	615	620	046	hrs	625	046	hrs	609	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	MM/DD/YY	1)	/	/	THRU	/	/		715	MM/YY	720	725	726	730	735	740			
710	MM	DD	YY	711	MM	DD	YY															

\*1 The S99 Transaction is used to cancel an employee's ONLY appointment to the database or ONLY appointment to an additional position when:

- The employee did not report to work; or
- The employee was erroneously appointed

NOTE: S99 is not used for an incorrect effective date (Refer to PAM 10.14-10.14.1 for voiding only appointment in history because effective date of appointment should be posted with an earlier effective date.)

S99 is not used when social security number is keyed incorrectly (Refer to PAM 3.104 and 10.9 when error is discovered on the social security number.)

Refer to Section 9 when voiding an appointment for a Position that has existing history on the database.

\*2 This transaction must be effective the same date and hour(s) as the appointment being cancelled. If the appointment effective date "Hours" box is blank, "BOB" must be entered.

\*3 Entry must be "NON."

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. S99