

# State Controller's Office

Personnel Action Manual

Section 3

Separation Transactions

Rev. 06/2022



## Table of Contents

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<b>SEPARATION TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX.....</b>	<b>4</b>
Section 3.200 (Revised 11/04) .....	4
Section 3.204: RESIGNATION WITHOUT FAULT VOLUNTARY (Revised 06/22).....	7
Section 3.205: LINE ITEMS (Revised 09/03) .....	8
Section 3.206: RESIGNATION WITHOUT FAULT LAYOFF SITUATION OR IN LIEU OF INVOLUNTARY TRANSFER (Revised 06/22) .....	9
Section 3.207: LINE ITEMS (Revised 09/03) .....	10
Section 3.208: RESIGNATION WITHOUT FAULT IN LIEU OF MILITARY LEAVE (Revised 06/22) .....	11
Section 3.209: LINE ITEMS (Revised 09/03) .....	12
Section 3.210: RESIGNATION WITHOUT FAULT FAILURE TO MEET CONDITIONS OF EMPLOYMENT (Revised 06/22).....	13
Section 3.211: LINE ITEMS (Revised 09/03) .....	14
Section 3.212: RESIGNATION WITHOUT FAULT (Revised 06/22).....	15
Section 3.213: LINE ITEMS (Revised 09/03) .....	16
Section 3.214: VOLUNTARY RESIGNATION UNDER UNFAVORABLE CIRCUMSTANCES PURSUANT TO A STIPULATED AGREEMENT FROM AN APPEALS PROCESS (Revised 06/22)...	17
Section 3.215: LINE ITEMS (Revised 09/03) .....	18
Section 3.216: AWOL – AUTOMATIC RESIGNATION AS A RESULT OF AN ABSENCE WITHOUT APPROVED LEAVE FOR FIVE CONSECUTIVE WORKING DAYS (Revised 06/22) .....	19
Section 3.217: LINE ITEMS (Revised 09/03) .....	20
Section 3.218: TERMINATION WITHOUT FAULT LAYOFF SITUATION (REDUCTION IN FORCE) (Revised 06/22) .....	21
Section 3.219: LINE ITEMS (Revised 09/03) .....	22
Section 3.220: TERMINATION WITHOUT FAULT NO LAYOFF SITUATION (Revised 06/22).....	23
Section 3.221: LINE ITEMS (Revised 09/03) .....	24
Section 3.221.1: TERMINATION WITHOUT FAULT FROM IMMEDIATE PAY APPOINTMENT (Revised 06/22) .....	25
Section 3.222: TERMINATION WITHOUT FAULT MEDICAL REASONS (Revised 06/22).....	26
Section 3.223: LINE ITEMS (Revised 09/03) .....	27
Section 3.224: TERMINATION WITHOUT FAULT DISPLACEMENT (Revised 06/22) .....	28
Section 3.225: LINE ITEMS (Revised 09/03) .....	29
Section 3.226: TERMINATION WITH FAULT NO LAYOFF SITUATION (Revised 06/22).....	30
Section 3.227: LINE ITEMS (Revised 09/03) .....	31
Section 3.228: TERMINATION DISMISSAL* <sup>1</sup> (Revised 06/22) .....	32
Section 3.229: LINE ITEMS (Revised 09/03) .....	33

Section 3.230: LEAVE OF ABSENCE NON INDUSTRIAL DISABILITY INSURANCE LEAVE (Revised 06/22) .....	34
Section 3.231: LINE ITEMS (Revised 05/93) .....	35
Section 3.232: LEAVE OF ABSENCE REGULAR OR STATE DISABILITY INSURANCE (Revised 06/22) .....	36
Section 3.233: LINE ITEMS (Revised 11/05) .....	37
Section 3.234: LEAVE OF ABSENCE MILITARY – SHORT TERM*1 (Revised 06/22) .....	38
Section 3.235: LINE ITEMS (Revised 08/96) .....	39
Section 3.236: LEAVE OF ABSENCE MILITARY – LONG TERM*1 (Revised 06/22) .....	40
Section 3.237: LINE ITEMS (Revised 09/03) .....	41
Section 3.238: LEAVE OF ABSENCE MILITARY – EMERGENCY (Revised 06/22) .....	42
Section 3.239: LINE ITEMS (Revised 08/96) .....	43
Section 3.240: LEAVE OF ABSENCE MILITARY *1 TEMPORARY – 30 DAYS OR LESS; UNDER CCR 599.781 (Revised 06/22) .....	44
Section 3.241: LINE ITEMS (Revised 05/93) .....	45
Section 3.242: LEAVE OF ABSENCE* SPECIAL (Revised 06/22) .....	46
Section 3.243: LINE ITEMS (Revised 05/93) .....	47
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).....	48
Section 3.245: LINE ITEMS (Revised 09/93) .....	49
Section 3.246: TEMPORARY OFF PAYROLL (Revised 06/22) .....	50
Section 3.247: LINE ITEMS (Revised 05/02) .....	51
Section 3.248: RETIREMENT*2 SERVICE – VOLUNTARY OR COMPULSARY (Revised 06/22)..	52
Section 3.249: LINE ITEMS (Revised 09/03) .....	53
Section 3.250: RETIREMENT DISABILITY*1 (Revised 06/22) .....	54
Section 3.251: LINE ITEMS (Revised 09/03) .....	55
Section 3.252: OTHER SEPARATION*1, TERMINATION – ILLEGAL APPOINTMENT (PER G.C. 19257 OR G.C 19257.5 (Revised 06/22) .....	56
Section 3.253: LINE ITEMS (Revised 09/03) .....	57
Section 3.254: OTHER SEPARATION ADVERSE SUSPENSION (Revised 06/22) .....	58
Section 3.255: LINE ITEMS (Revised 08/96) .....	59
Section 3.256: OTHER SEPARATION REJECTION DURING PROBATION PERIOD*1 (Revised 06/22) .....	60
Section 3.257: LINE ITEMS (Revised 09/03) .....	61
Section 3.258: OTHER SEPARATION DEATH*1, *2 (Revised 06/22).....	62
Section 3.259: LINE ITEMS (Revised 09/03) .....	63
Section 3.260: CANCELLATION OF APPOINTMENT*1 (Revised 06/22).....	64
Section 3.261: LINE ITEMS (Revised 10/84) .....	65

## 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	Termination Without Fault 1. No Layoff Situation 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. 2. *** Termination From Immediate Pay Appointment	3.220  3.221.1
S32	Termination Without Fault * Medical Reasons	3.222
S33	Termination Without Fault * Displacement When employee is separated because another employee exercised his/her right of return. Becomes effective after reemployment list eligibility expires (after 5 years).	3.224
S40	Termination With Fault (No Layoff Situation) Includes termination of TAU, LT, Emergency, CEA, Exempt and Retired Annuitant appointments.	3.226
S41	Termination With Fault (No Layoff Situation) * Dismissal	3.228
S49	Leave of Absence Non-Industrial Disability Insurance (NDI) Leave	3.230
S50	Leave of Absence Regular or State Disability Insurance (SDI) Leave	3.232
S51	Leave of Absence Military – Short Term	3.234
S52	Leave of Absence Military – Long Term	3.236
S53	Leave of Absence Military – Emergency	3.238
S54	Leave of Absence Temporary – 30 days or less under California Department of Human Resources (CalHR) Regulation 599.781 (only when effective immediately after an S49 Transaction).	3.240
S55	Leave of Absence * 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).	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 <u>00</u> OF <u>00</u>	
															010 DOCUMENT PROCESSING NUMBER <u>0</u>	
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	*3	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD		MCR APPROVAL	SEX	PRIORITY STATE SERVICE		DISABILITY CODE		
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	SEPARATION HOURS	FDX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		*2	603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS			SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DD YY HH DD YY	HOURS HDTH	715 MM/YY	720	*1	*1	725	726	730

\*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"/>		
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				ESTABLISHED EARNINGS							
		205		210		215				351	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 CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426		430		435			440	445	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		JOB INCURRED INJURY DATE
		505	510	515	520		525	530	535	540	545	550	555		560		565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH		607 DAS HRS HDTH		615	620 DAS HRS HDTH		625 DAS HRS HDTH		630	635	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 / /												
		705		NN/DD/YY	2) / / THRU / /												
					3) / / THRU / /												
					710 NN DD YY NN 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**

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)

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\* Refer to PAM Section 5.76 for documentation instructions

**S03**

															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				ESTABLISHED EARNINGS										
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID				
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435					440	445	450	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	565	565	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655					
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY HH DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740	

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

**Lines 8 – 9 Items**

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

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\* Refer to PAM Section 5.76 for documentation instructions

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"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	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 CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416		425	426		430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560		565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	HOURS	AS OF		1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	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

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\* Refer to PAM Section 5.76 for documentation instructions

# 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>00</u> OF <u>00</u>				
												010 DOCUMENT PROCESSING NUMBER <u>00</u>				
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER			DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730	735	740	
				MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DD YY	MM DD YY	HOURS HDTH									

\*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)

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\* Refer to PAM Section 5.76 for documentation instructions



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

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

\* 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

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\* Refer to PAM Section 5.76 for documentation instructions

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"/>		
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 AGENCY 121 UNIT 122 CLASS 123 SERIAL				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITION 135	BIRTH DATE 140	ANNIV DATE 145			
2	TO	TRANSACTION CODE 205		EFFECTIVE DATE AND HOURS 210	EMPLOYMENT HISTORY REMARKS 215				ESTABLISHED EARNINGS 351 ID 352 ID 353 ID 354 ID 355 ID 356 ID								
3	TO	305 ACTUAL RATE 306 TOTAL SALARY		SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320		PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY MM/DD/YY	ANNI DATE 330	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE
4	TO	TIME BASE 405	APPT TENURE 410	#MOS 415	APPOINTMENT EXPIRATION DATE 416		HOURS 425	CERT # 426	TYPE OF LIST OR EXAM STATUS 430		PROBATIONARY PERIOD CODE 435	ENDING DATE 440	MCR APPROVAL CODE 445	FORM 450	SEX 455	PRIOR STATE SERVICE 460	DISABILITY CODE 465
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIEMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535		NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE 555	EXPIRATION DATE 560	JOB INCURRED INJURY CODE 565	DATE 570	
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAB HRS HDTH	TIME TO BE PAID (OLD) 607 DAB HRS HDTH	PAY INHIBIT 615	LUMP SUM TO BE PAID (S) (V) 620 DAB HRS HDTH	LUMP SUM EXTRA HRS 625 DAB HRS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED. 655				
7	TO	TOTAL STATE SERVICE 705 MOS HOURS AS OF MM/DD/YY			INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DD YY MM DD YY HOURS HDTH				SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726	730	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**

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

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\* Refer to PAM Section 5.76 for documentation instructions

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	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	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	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	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416		425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 D66 HRS HDTH	607 D65 HRS HDTH	615	620 D66 HRS HDTH	625 D66 HRS HDTH	630	635	636	645		655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		HOS	HOURS	AS OF	1) / / THRU / /												
		705		MM/DD/YY	2) / / THRU / /												
					3) / / THRU / /												
					710 MM DD YY	MM DD YY	MM DD YY	HOURS HDTH	715 MM/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)

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\* Refer to PAM Section 5.76 for documentation instructions

**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	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	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED. MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF	1) / / THRU / /											
		705		MM/DD/YY	2) / / THRU / /											
					3) / / THRU / /											
					710 MM DO YY MM DO YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740		

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

**Lines 8 – 9 Items**

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)

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\* Refer to PAM Section 5.76 for documentation instructions



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 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					351	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	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 CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430		435			440	445	455		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655				
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 / /				715 MM/YY	720	725	726	730	735		
						2) / / THRU / /											
						3) / / THRU / /											
						710	MM	DD	YY	MM	DD	YY	HOURS	HDTH			

\*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				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430	435	440	445	450	455				
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHIB	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF		1) / / THRU / /											
		705		MM/DD/YY		2) / / THRU / /											
						3) / / THRU / /											
						710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740			

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

**Lines 8 – 9 Items**

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

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\* Refer to PAM Section 5.76 for documentation instructions

**S33**

															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	215	351	352	353	354	355	356	357	358	359						
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
		306 TOTAL SALARY	310	315	320	325	330	335	340	345	350	355	356						
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE				
		405	410	415	416	425	426	430	435	440	445	450	455						
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE				
		505	510	515	520	525	530	535	540	545	550	555	560	565	565				
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FDX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.				
		603	605 HH/YY	606 D/M	HRS	HDTH	607 D/M	HRS	HDTH	615	620 D/M	HRS	HDTH	625 D/M	HRS	HDTH	630	635	636
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722

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)

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\* Refer to PAM Section 5.76 for documentation instructions

**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	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	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455				
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF		1) / / THRU / /											
		705		MM/DD/YY		2) / / THRU / /											
						3) / / THRU / /											
						710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740			

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

**Lines 8 – 9 Items**

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	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	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INH/ED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		HOS	HOURS	AS OF	1) / / THRU / /									
				MM/DD/YY	2) / / THRU / /									
					3) / / THRU / /									
					710 MM DD	YY MM DD	YY	HOURS HDTH	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

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\* Refer to PAM Section 5.76 for documentation instructions

**S49**

**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"/>				
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	215					351	ID	ID	ID	ID	ID					
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #					
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356					
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX					
		405	410	415	416	425	426	430	435	440	445	450	455	455					
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE					
		505	510	515	520	525	530	535	540	545	550	555	560	565					
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.					
		*1	603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	645	655						
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		HOS	HOURS	AS OF	1) / / THRU / /														
		705		MM/DD/YY	2) / / THRU / /														
					3) / / THRU / /														
					710 MM DO YY MM DO YY	HOURS	HDTH	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"/>	
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	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF		1) / / THRU / /										
		705		MM/DD/YY		2) / / THRU / /										
						3) / / THRU / /										
						710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		

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

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

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"/>	
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	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
		603	605 MM/YY	606 D/M6 HRS HDTH	607 D/M6 HRS HDTH	615	620 D/M6 HRS HDTH	625 D/M6 HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	715 MM/YY	720	725	726	730	735	740

\*1 Refer to PTM Section 485.

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)  
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

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\* Refer to PAM Section 5.76 for documentation instructions

**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							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DMS HRS HDTH	607 DMS HRS HDTH	615	620 DMS HRS HDTH	625 DMS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF		1) / / THRU / /										
		705		MM/DD/YY		2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		

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

**Lines 8 – 9 Items**

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

\* 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
=	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, 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"/>	
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 121 122 123				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITION 135	BIRTH DATE 140	OPEB CBID 142		
2	TO	TRANSACTION CODE 205		EFFECTIVE DATE AND HOURS 210	EMPLOYMENT HISTORY REMARKS 215				ESTABLISHED EARNINGS 351 352 353 354 355 356							
3	TO	305 ACTUAL RATE 306 TOTAL SALARY		SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY MM/DD/YY	ANNU DATE 330	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE
4	TO	TIME BASE 405	APPT TENURE 410	#HOS 415	APPOINTMENT EXPIRATION DATE 416	HOURS 425	CERT # 426	TYPE OF LIST OR EXAM STATUS 430	PROBATIONARY PERIOD CODE 435	ENDING DATE 440	MCR APPROVAL CODE 445	FORM 450	DATE 455	SEX 460	PRIOR STATE SERVICE 465	DISABILITY CODE 470
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535	NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE 555	EXPIRATION DATE 560	JOB INCURRED INJURY CODE 565	DATE 570	
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HRS HDTH	TIME TO BE PAID (OLD) 607 DAS HRS HDTH	PAY INHED 615	LUMP SUM TO BE PAID (S) (V) 620 DAS HRS HDTH	LUMP SUM EXTRA HRS 625 DAS HRS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM 635	SEPARATION EXPIRATION DATE 645	HOURS 650	FIX MAINTENANCE FIRST/FINAL DED 655			
7	TO	TOTAL STATE SERVICE 705			INTERMITTENT DATE & HOURS 1) / / THRU / / 2) / / THRU / / 3) / / THRU / / 710 MM DD YY MM DD YY HOURS HDTH				SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726	730	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

															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 CB ID														
			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																					
<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			
			310		315		320		325		330		335		340		345		350		355		356		357		358		359			
<b>4</b>	TO		TIME BASE		APPT TENURE		#HOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM		DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
			405		410		415		416		425		426		430		435		440		445		450		455		460		465		470	
<b>5</b>	TO		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE			
			505		510		515		520		525		530		535		540		545		550		555		560		565		570		575	
<b>6</b>	TO		REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.			
			603		605		606		607		615		620		625		630		635		640		645		650		655		660		665	
<b>7</b>	TO		TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS		SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG		REEMPLOYMENT LIST ELIG			
			705		710		715		720		725		730		735		740		745		750		755		760		765		770		775	

\*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"/>	
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	*1 <input type="text"/> *1 <input type="text"/>	<input type="text"/>				IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED. MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF	1) / / THRU / /				<input type="text"/>							
		<input type="text"/>	<input type="text"/>	MM/DD/YY	2) / / THRU / /				<input type="text"/>							
					3) / / THRU / /				715 MM/YY	720	725	726	730	735		
					710 MM DD	YY	MM	DD	YY	HOURS	HDTH					

\*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)

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\* Refer to PAM Section 5.76 for documentation instructions

**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	*2 <input type="text"/> <input type="text"/>	215 <input type="text"/>				351	ID	ID	ID	ID	ID	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE
		405	410	415	416	425	426	430	435	440	445	450	455	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE
		505	510	515	520	525	530	535	540	545	550	555	560	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 D/M HRS HDTH	607 D/M HRS HDTH	615	620 D/M HRS HDTH	625 D/M HRS HDTH	630	635	636	645	655	
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG	
		705	HOURS	AS OF	1) / / THRU / /				715 MM/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"/>		
1	TO	SOCIAL SECURITY 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120 AGENCY 121 UNIT 122 CLASS 123 SERIAL				DEPT CODE 124	CB ID 126	COUNTY CODE 130	OTHER POSITION 135	BIRTH DATE 140	OPEB CBID 142			
2	TO	TRANSACTION CODE 205		EFFECTIVE DATE AND HOURS 210		EMPLOYMENT HISTORY REMARKS 215				ESTABLISHED EARNINGS 351 IND 352 ID 353 IND 354 ID 355 IND 356 ID							
3	TO	305 ACTUAL RATE 306 TOTAL SALARY		SALARY PER 310	PAY FREQ 315	BASED ON SALARY 320		PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY 330 MM/DD/YY		ANNU DATE 335	ALTERNATE RANGE 340	PAYROLL STATUS 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE
4	TO	TIME BASE 405	APPT TENURE 410	#MOS 415	APPOINTMENT EXPIRATION DATE 416		HOURS 425	CERT # 426	TYPE OF LIST OR EXAM STATUS 430		PROBATIONARY PERIOD ENDING DATE 435	MCR APPROVAL CODE 440	FORM 445	DATE 450	SEX 455	PRIOR STATE SERVICE	DISABILITY CODE
5	TO	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535		NON CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE 555	EXPIRATION DATE 560	JOB INCURRED INJURY CODE 565	DATE	
6	TO	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 D/M/ HRS HDTH	TIME TO BE PAID (OLD) 607 D/M/ HRS HDTH	PAY IN/RED 615	LUMP SUM TO BE PAID 620 D/M/ HRS HDTH		LUMP SUM EXTRA HRS 625 D/M/ HRS HDTH		LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED. 655		
7	TO	TOTAL STATE SERVICE 705			INTERMITTENT DATE & HOURS 710 MM DD YY MM DD YY HOURS HDTH			SERVICE PAY PERIOD 715 MM/YY		SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST ELIG 726	730	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

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

Page | 58

**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				ESTABLISHED EARNINGS								
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430	435	440	445	450	455				
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565			
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DEC MONTHLY DEC.			
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645	655				
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF		1) / / THRU / /		2) / / THRU / /		3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730

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

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  
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	OPED CBID
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430	435	440	445	450	455			
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY 3RD	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF		1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735

\*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	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
		205	*2 <input type="text"/>	<input type="text"/>				351	ID	ID	ID	ID	ID	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE		
		405	410	415	416	425	426	430		435			440	450		
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE		
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		705	HRS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726	730		
					MM/DD/YY	2) / / THRU / /										
						3) / / THRU / /										
						710 MM DO YY MM DO YY	HOURS	HDTH						740		

\*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