To: STATE CONTROLLER'S OFFICE   PLEASE RESPOND BY MAY 1st
       Email form to:
       PPSDSACS@SCO.CA.GOV
       Attn: Chuck Lucas

From: AGENCY NAME:_____

           PAYROLL/AGENCY CODE(S):_____

           ADDRESS:_____

           CITY/STATE/ZIP CODE:_____

           CONTACT PERSON(S):

              <u>AREA</u>   <u>NAME</u>   <u>PHONE NO.</u>   <u>E-MAIL</u> Personnel

              _____   _____   _____

              Accounting/
              Budget   _____   _____   _____

Subject: REORGANIZATION

REORGANIZATION PLAN (Check One)

( ) No Reorganization is planned for July 1st. (If this box is checked, no further
     information is required. Just return this form to the address shown above.)

( ) Reorganization will be effective July 1st.

     Approximately _____ positions will be affected.

     Approximately _____ employees will be affected.

     List 3 digit payroll/agency codes(s) involved in reorganization:

     _____ _____ _____ _____ _____ _____ _____ _____

     _____ _____ _____ _____ _____ _____ _____ _____

POSITION MOVEMENT (Check One)

   1 ( )   Payroll/Agency Code Change Only

   2 ( )   Reporting Unit/Budget Function Change Only

   3 ( )   Serial Number Change Only

   4 ( )   Reporting Unit/Budget Function and Serial Number Change

   5 ( )   Payroll/Agency Code, Reporting Unit/Budget Function and Serial Number Change

   NOTE: The Annual Position Reorganization Mass Update is limited to a minimum of 100 positions. Use FORM STD 607 with a typed listing for less than 100 positions.

EMPLOYEE MOVEMENT

1. TYPE OF MOVEMENT (Check One)

  ( ) CATEGORY 1 - All employees from one reporting unit go as a group to one other reporting unit without changing serial numbers.

  ( ) CATEGORY 2 - All other types of employee movement.

Please complete the attached Reorganization Information form, with specific changes.

2. TYPE OF TRANSACTION TO MOVE EMPLOYEE (Check One)

  ( ) 120 TRANSACTIONS (None of the Reorganization conditions listed below apply.)

  A1   3 TRANSACTIONS Authorization for Reorganization (Check one and complete necessary information):

    ( )   Code 1 - Governor's Administrative Order dated:____/____/____
        (Please attach a copy of order)

    ( )   Code 2 - Budget Item #_____ Organization Code # _____
                   Reference Code #_____ Fund # _____
        (Please attach a copy of Budget Item)

    ( )   Code 3 - Authorization Letter from DPA dated: ____/____/____
        (Please attach a signed copy of letter)

    ( )   Code 4 - Assembly Bill # _____ or Senate Bill # _____
                Chapter # _____ Year_____
        (Please attach a copy of Bill)

3. SCO DATA FILES/REPORTS THAT MAY BE AFFECTED (i.e. Current Status File) Program/

   Data Set Name(s):

4. AGENCY REQUESTS THE FOLLOWING ASSISTANCE (Check One):

   ( ) NO ASSISTANCE REQUIRED

   ( ) MASS MOVEMENT OF EMPLOYEES - Only applicable for Category 1 type of
   movement involving 1000 or more employees.

   NOTE: If movement involves MCR II and/or no MCR classes, the following must
   be provided before a mass update can occur:

   - For MCR II classes and no change in duties is involved, attach a letter
     stating no change in duties involved for affected MCR II classes.

   - For MCR II classes and a change in duties is involved, attach a copy of
     the DPA authorization letter.

   - For no MCR Classes, attach a copy of the CalHR authorization letter.

   ( ) PAR TRANSACTION UPDATE SHEETS - Applicable for either Category 1 or 2
   type movement involving 100 or more employees. The update sheet is a
   computer generated PAR document containing only the data fields needed for
   the 120 or A13 transaction. Data that can be determined by the State
   Controller's Office is preprinted on the update sheet. One sheet per employee is
   generated, sorted by
   (old) reporting unit, then by position number, unless otherwise requested.
   Update sheets are to be used by the agencies to decentrally key the Employment
   History transactions.
   ( ) EMPLOYEE LISTING - Applicable for either Category 1 or 2 type of movement
   with no limitation on the number of employees involved. An employee listing
   will typically contain employee name, SSN and position number, sorted by SSN
   within (old) reporting unit.

   NOTE: The normal PAR process must be followed for Agency reorganizations involving
   less than 100 employees.

JULY 1st REORGANIZATION INFORMATION

CATEGORY 1	CATEGORY 2	OLD AGENCY CODE	OLD REPORTING UNIT	OLD DEPT CODE	NEW AGENCY CODE	NEW REPORTING UNIT	NEW DEPT CODE