

SEPARATION TRANSACTION CODES - REQUIRED/CONDITIONAL INDEX

(See PAM page 2.209.1 for inactive/redefined transaction codes)

<u>CODE</u>	<u>TITLE/DESCRIPTION</u>	<u>PAGE</u>
<u>Resignations</u>		
S01	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	* Layoff Situation or In Lieu of Involuntary Transfer	3.206
S03	* In Lieu of Military Leave	3.208
S04	* Failure to Meet Conditions of Employment	3.210
S05	1 - For employee moving to, from or between exempt positions when lump sum vacation is to be paid. 2 - For current PERS 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 CSU exempt appointment. 5 - Do not use for employee accepting employment with California Conservation Corps.	3.212
S20	** Voluntary under Unfavorable Circumstances - Pursuant to a stipulated agreement resulting from an appeals process. This code should be used <u>only</u> in those cases where the employee has entered into a stipulated agreement (approved by the State Personnel Board) with the appointing power to voluntarily resign "with fault".	3.214
S21	* AWOL - Automatic resignation as a result of an absence without approved leave for five consecutive working days.	3.216
<u>Termination Without Fault</u>		
S30	Layoff Situation (Reduction in Force)	3.218

* For separation of Civil Service employee only.

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

SEPARATION TRANSACTION CODES - REQUIRED/CONDITIONAL INDEX
(Cont.)

<u>CODE</u>	<u>TITLE/DESCRIPTION</u>	<u>PAGE</u>
S31	1 - No Layoff Situation Includes termination of TAU, LT, Emergency, Exempt and Retired Annuitant appointments, or for CEA who does not wish to exercise right of return.	3.220
	*** 2 - Termination From Immediate Pay Appointment	3.221.1
S32	* Medical Reasons	3.222
S33	* 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
	* For separation of Civil Service employee only.	
	*** Formerly "One Document Method" Appointment.	
	<u>Termination With Fault</u> (No Layoff Situation)	
S40	Includes termination of TAU, LT, Emergency, CEA, Exempt and Retired Annuitant appointments.	3.226
S41	* Dismissal	3.228
	<u>Leave of Absence</u>	
S49	Non-industrial Disability Insurance Leave	3.230
S50	Regular or State Disability Insurance Leave	3.232
S51	Military - Short Term	3.234
S52	Military - Long Term	3.236
S53	Military - Emergency	3.238
S54	Temporary - 30 days or less under DPA Regulation 599.781 (Only when effective immediately after an S49 Transaction.)	3.240
S55	*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
S56	*Special - Job Incurred Injury or Illness	3.244

SEPARATION TRANSACTION CODES - REQUIRED/CONDITIONAL INDEX
(Cont.)

<u>CODE</u>	<u>TITLE/DESCRIPTION</u>	<u>PAGE</u>
<u>Temporarily Off Payroll</u>		
S57	1 - Pending Investigation of Injury or Illness. 2 - Involuntary Leave Pending Disability Retirement	3.246
	* For separation of Civil Service employee only. 3.203 (Rev. 02/92)	
<u>Retirement</u>		
S70	Service - Voluntary or Compulsory	3.248
S71	Disability	3.250
<u>Other</u>		
S80	* Termination - Illegal Appointment (Per G.C. 19257 or G.C. 19257.5 – Initiated by Personnel Operations only.)	3.252
S85	* Adverse Suspension	3.254
S90	* Rejection During Probationary Period	3.256
S95	Death	3.258
S99	Cancellation of Appointment	3.260

* For separation of civil service employee only.

S01

RESIGNATION WITHOUT FAULT VOLUNTARY

														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	BIRTH DATE		
	105	110	111			120	121	122	123	124	126	130	135	140				
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EMPLOYMENT								
	205		210 MM/DD/YY			215 *3				NO								
3 TO:	305 ACTUALITY		SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	310		315	320	325		330 MM/YY	335	340	345	350	355	356					
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT DATE	EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY/ CODE	
	405	410	415	416	425	425	426	430	435	435	440	445	450	455				
5 TO:	ACCOUNT CODE	SAFETY SEARCH	SURVIVORS BENEFITS	CASUALTY MEMBERSHIP	RETIREMENT RATES (W/P)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WC/DL DATE				
	505	510	515	520	525	535	540	545	550	555	560	565	565	565				
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY NAMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FRIED MAINTENANCE FIRST/FINAL DED	MONTHLY DED.				
	*2	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	645	655						
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST BLK									
	MOS	HOURS	AS OF	1) THRU	HRS	2) THRU	HRS	3) THRU	HRS	715 MM/YY	*1	*1						
	705			710 MM DD YY		715 MM DD YY												

*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 1/2 Time = 8 hours a day for 2 weeks per month).

- ≡ REQUIRED**
(MUST be completed)
- CONDITIONAL**
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED**
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* 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.

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.

SEPARATION TRANSACTION CODE S01

PAM

3.206 (Rev. 11/96)

S02

RESIGNATION WITHOUT FAULT

LAYOFF SITUATION OR IN LIEU OF

INVOLUNTARY TRANSFER

										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	AGENCY 120	UNIT 121	CLASS 122	SERIAL 123	DEPT CODE 124	DB ID 126	COUNTY CODE 130	BIRTH DATE 140	88000 88001				
2 TO:	(1) TRANSACTION CODE (11) 205		(2) EFFECTIVE DATE AND HOURS 210 MM/DD/YY		EMPLOYMENT HISTORY REMARKS 215			ESTABLISHED EARNINGS NO ID NO ID NO ID NO ID NO ID								
3 TO:	305 ACTUAL RATE	SALARY PER 310	PAY FREQ. 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE 330 MM/YY	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 352	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 STAT 430	PROBATIONARY PERIOD CODE 435	ENDING DATE	MCR APPROVAL CODE 440	FORM 445	DATE	SEX 450	ETHNIC ORIGIN 455	PRIOR STATE SERVICE 460	DISABILITY CODE 455
5 TO:	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 520	SS/RED MEMBER 525	RETIREMENT RATE (%) 530	EXEMPT AUTHORITY 535	DATH 540	NON-CITIZEN 545	MEDICAL CLEARANCE 550	FINGERPRINT 555	PROFESSIONAL LICENSE TYPE 560	EXPIRATION DATE	JOB INCURRED INJURY CODE 565	INJURY DATE 570	WCTD/DL DATE	
6 TO:	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HOURS	TIME TO BE PAID (OLD) 607 DAS HOURS	PAY RATED 615	LUMP SUM TO BE PAID 620 DAS HOURS	LUMP SUM EXTRA HOURS 625 DAS HOURS	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	HOURS 655	FIXED MAINTENANCE PRST/FINAL DED 655	MONTHLY DED		
7 TO:	TOTAL STATE SERVICE MOS HOURS AS OF		INTERMITTENT DATES AND HOURS 1) THRU 2) THRU 3) THRU		SERVICE PAY PERIOD 715 MM/YY		REEMPLOYMENT LIST CLASS 725	LAS NO. 730	REEMPLOY LIST ELIG 735							

- ==** REQUIRED
(MUST be completed)
- CONDITIONAL
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- ONE OR MORE REQUIRED
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S21 *	AWOL - Automatic resignation as a result of an absence without approved leave for five consecutive working days.	3.216
<u>Termination Without Fault</u>		
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S41	* Dismissal	3.228
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S50	Regular or State Disability Insurance Leave	3.232
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S52	Military - Long Term	3.236
S53	Military - Emergency	3.238
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S56	*Special - Job Incurred Injury or Illness	3.244

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S85	* Adverse Suspension	3.254
S90	* Rejection During Probationary Period	3.256
S95	Death	3.258
S99	Cancellation of Appointment	3.260

* For separation of civil service employee only.

S01

RESIGNATION WITHOUT FAULT VOLUNTARY

														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	BIRTH DATE	APPROVAL DATE				
	105	110							120	121	122	123	124	126	130	140				
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS											
	(1) (2)		210 MM/DD/YY			*3			NO	NO	NO	NO	NO	NO	NO	NO	NO			
3 TO:	SALARY PER		PAY FREQ.	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	310		315	320		325	330 MM/YY		335	340	345	350	355	356						
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE		HOURS	CERT. #	TYPE OF LIST OR EXMT STAT		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY/ CODE
	405	410	415	416		425	426	430		435		440	445	450	455					
5 TO:	ACCOUNT CODE	SAFETY MEMOR.		SURVIVORS BENEFITS		CASUALTY MEMOR.	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DEATH NON-CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY INJURY DATE		WCTD/EXL DATE	
	505	510		515		520	525	530	535	540	545	550	555	560		565	570		575	
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED.	LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE	LUMP SUM LIMIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		HOURS	FIXED MAINTENANCE FIRST/FINAL DED		
	*2	605 MM/YY	606 DAS HOURS HDTH		607 DAS HOURS HDTH		615	620 DAS HOURS HDTH		625 DAS HOURS HDTH		630	635	636	645		655	MONTHLY DED.		
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS					SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST SUB							
	MOS.	HOURS	AS OF	1) THRU HRS					715 MM/YY		*1		*1							
				2) THRU HRS																
				3) THRU HRS																

*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 1/2 Time = 8 hours a day for 2 weeks per month).

== REQUIRED
(MUST be completed)

○ CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)

● ONE OR MORE REQUIRED
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* 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.

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.

SEPARATION TRANSACTION CODE S01

(Rev. 09/03)

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

*Refer to PAM Section 5.76 for documentation instructions

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.)

SEPARATION TRANSACTION CODE S02

S03

RESIGNATION WITHOUT FAULT IN LIEU OF MILITARY LEAVE

														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	BIRTH DATE	ARMY DATE			
	105	110	111			120	121	122	123	124	126	130	135	140	145			
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
	(2) 205		210 MM/DD/YY			215			NO	ID	NO	ID	NO	ID	NO	ID	NO	ID
3 TO:	SM ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	310	315	320	325	330 MM/YY	335	340	345	350	355	356							
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	425	426	430	435	435	440	445	450	455	455	455			
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/RED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WCTD/OJ. DATE				
	505	510	515	520	525	535	540	545	550	555	560	565	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 HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	EXPIRATION HOURS	FIXED MAINTENANCE FRST/FNAL DED	MONTHLY DED.				
	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655						
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOG NO.	REEMPLOY LIST ELIG									
	MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	HRS	715 MM/YY	720	725	730	735	740	745				

- == REQUIRED**
(MUST be completed)
- CONDITIONAL**
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED**
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* Refer to PAM section 5.76 for documentation instructions

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

SEPARATION TRANSACTION CODE S03

S04

RESIGNATION WITHOUT FAULT FAILURE TO MEET CONDITIONS OF EMPLOYMENT

										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	BIRTH DATE	APPR DATE													
	105	110	111			120	121	122	123	124	126	130	135	140	MM/YY													
2 TO:	TRANSACTION CODE (1)		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																				
	205		210 MM/DD/YY		215			351																				
3 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF.		SPECIAL PAY		WYWD		PAY LETTER #		PAY LETTER EXPIRATION DATE	
	310		315		320		325		330 MM/YY		335		340		345		350		355		356							
4 TO:	TIME BASE		APPT TEMPER		# MOS.		APPOINTMENT EXPIRATION DATE		CERT. #		TYPE OF LIST OR EXAM STAT		PROBATIONARY PERIOD ENDING DATE		HCR APPROVAL CODE		FORM DATE		SEX		ETHNIC ORIGIN		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 SUBSIDY		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		INJURY DATE			
	505		510		520		525		530		535		540		545		550		555		560		565		WCTD/OL DATE			
6 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY NAMED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION DATE		EXPIRATION HOURS		FRED MAINTENANCE FIRST/FINAL DEB MONTHLY DEB			
	603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		615		620 DAS HOURS		625 DAS HOURS		630		635		636		645		655					
7 TO:	TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS								SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LDR. NO.		REEMPLOY LIST ELIG									
	705		710		710 MM DD YY THRU MM DD YY								715 MM/YY		725		730		735		740		745					

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S04

S05

RESIGNATION WITHOUT FAULT

- 1) 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
- 2) Use for current PERS Member moving to exempt position covered under a different retirement system; or
- 3) 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
- 4) Use for employee accepting a CSU Exempt Appointment; or
- 5) DO NOT USE for employee accepting employment with California Conservation Corps. (CCC) (Use other appropriate separation code).

										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	BIRTH DATE	MARRY DATE											
		105	110	111	120	121	122	123	124	128	130	135	140	145	150						
2	TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMPH-COL													
		205		210 MM/DD/YY		215		351					352								
3	TO:	308 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE						
		310	315	320	325	330 MM/YY	335	340	345	350	355	356									
4	TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD	ENDING DATE	CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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 MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	TYPE	EXPIRATION DATE	JOB INCURRED INJURY	INJURY DATE	WC/CD/OL DATE				
		505	510	515	520	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 MATH.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE	FIRST/FINAL DED	MONTHLY DED.					
		603	605 MM/YY	606 DAS	HOURS	HOTH	607 DAS	HOURS	HOTH	615	620 DAS	HOURS	HOTH	625 DAS	HOURS	HOTH	630	635	636	645	655
7	TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST ELIG									
		MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	715 MM/YY	720	725	730	735	740	745	750	755					

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

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

- 871 -Right of Return Designation (REQUIRED)
- 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.
- 952 - Case No. and Date of Action
- 999 - Deduction Information

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S05

S20

VOLUNTARY RESIGNATION UNDER UNFAVORABLE CIRCUMSTANCES PURSUANT TO A STIPULATED AGREEMENT FROM AN APPEALS PROCESS*

Use only when the employee has entered into a stipulated agreement (approved by the State Personnel Board) with the appointing power to voluntarily resign "with fault".

										005 SEQUENCE NUMBER <u>0</u> OF <u>0</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	BIRTH DATE	ANNV. DATE	
	105	110	111			120	121	122	123	124	126	130	135	140	145 MM/YY	
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS							
	205		210 MM/DD/YY			215			251	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	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	310	315	320	325	330 MM/YY	335	340	345	350	355	356					
4 TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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	ES/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE	WCTD/IDL DATE	
	505	510	515	520	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 AMOUNT	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE FIRST/RENEWAL DED	MONTHLY DED.		
	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655				
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOE NO.	REEMPLOY LIST ELIG							
	MOS	HOURS	AS OF	1) THRU	HRS	715 MM/YY	720	725	726	730	735	740				

*For actions occurring after 02/02/89.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* Refer to PAM section 5.76 for documentation instructions.

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.

SEPARATION TRANSACTION CODE S20

S21

AWOL - AUTOMATIC RESIGNATION AS A RESULT OF AN ABSENCE WITHOUT APPROVED LEAVE FOR FIVE CONSECUTIVE WORKING DAYS

										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	BIRTH DATE	ANNV DATE					
2 TO:	(1) TRANSACTION CODE	(4) EFFECTIVE DATE AND HOURS	(2) EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS												
3 TO:	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
4 TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	RES/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DATA	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCLUDED INJURY DATE	INJURY DATE	WCTD/EL DATE	
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY NAMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE FIRST/FINAL DED	MONTHLY DED		
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	L25 NO.	REEMPLOY LIST ELIG						

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* Refer to PAM Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S21

PAM

3.218 (Rev. 11/96)

S30

TERMINATION WITHOUT FAULT
LAYOFF SITUATION
(REDUCTION IN FORCE)

														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	CS ID	COUNTY CODE	BIRTH DATE	AGENCY UNIT CLASS SERIAL	
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS							
3 TO:	305		210 MM/DD/YY			215			351		352					
4 TO:	308	309	310	315	320	325	330	335	340	345	350	355	356			
5 TO:	405	410	415	418	425	430	435	440	445	450	455					
6 TO:	505	510	515	520	525	530	535	540	545	550	555	560	565			
7 TO:	603	605	606	607	615	620	625	630	635	640	645					
	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST ELIG						
	MOS	HOURS	AS OF	1)	THRU	2)	THRU	MPS	725	730	735					

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

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES **8-9** ITEMS:

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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S30

S31

TERMINATION WITHOUT FAULT
NO LAYOFF SITUATION

005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																
010 DOCUMENT PROCESSING NUMBER <input type="text"/>																
1 TO:	SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER		DEPT CODE	CB ID	COUNTY CODE	BRITH DATE	APPR DATE	
	105	110	111			120		121	122	123	124	125	130	135	140	
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EMP#-03							
	205		210 MM/DD/YY			215			351							
3 TO:	300 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	310	315	320	325		330 MM/YY	335	340	345	350	355	356	358			
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE		CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY/ CODE
	405	410	415	416		425	426	430	435	435	435	440	445	450	455	
5 TO:	ACCOUNT CODE	SAFETY: HAZARDOUS	SURVIVORS BENEFITS	SS/HED SUBSIDIES	RETIREMENT PAYMENT	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE	
	505	510	520	530	535	540	545	550	555	560	560		565	565	565	
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY PERIOD	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	EXPIRATION HOURS	FIRED MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
	603	605 MM/YY	608 DAS HOURS HDTH		607 DAS HOURS HDTH		615	620 DAS HOURS HDTH	625 DAS HOURS HDTH	630	635	636	645	655	655	
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS						SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG		
	MOS.	HOURS	AS OF	1) / / THRU / / MFS 2) / / THRU / / MFS 3) / / THRU / / MFS						715 MM/YY	720	725	730	735		

REQUIRED
(MUST be completed)

CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)

ONE OR MORE REQUIRED
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

- 857 - Emergency Qualifying 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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S31

S31

TERMINATION WITHOUT FAULT FROM IMMEDIATE PAY APPOINTMENT

										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	ANNV. DATE											
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																			
3 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF.		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE	
4 TO:	TIME BASE		APPT. TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		HOURS		CERT. #		TYPE OF LIST OR EXMT STAT		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL FORM		DATE		SEX		ETHNIC ORIGIN		PRIOR STATE SERVICE	
5 TO:	ACCOUNT CODE		SAFETY MEMBERS		SURVIVORS BENEFITS		SS/MSD MEMBERS		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		INJURY DATE	
6 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY METHOD		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIXED MAINTENANCE FIRST/FINAL DED		MONTHLY DED	
7 TO:	TOTAL STATE SERVICE		MOS.		HOURS		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		SPECIAL PLS		REEMPLOYMENT LIST CLASS		LUMP MOL.		REEMPLOY LIST ELG									

*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".

- ==** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

LINES **8 - 9** ITEMS:

857 - Emergency Qualifying Time
 960 - Corrected Transaction Identifier

S32

TERMINATION WITHOUT FAULT MEDICAL REASONS

												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	BIRTH DATE	ANNUAL RATE			
	105	110							120	121	122	123	124	125	130	135	140	
2 TO:	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EMPHOL												
	MM/YY																	
3 TO:	306 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF	SPECIAL PAY	WVWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	209			210	215	MM/YY	MM/YY											
4 TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MOR APPROVAL CODE	FORM	DATE	SEI	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	425	426	430		435			441	441	450	455			
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/FED BENEFITS	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DATH NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	JOB INCURRED INJURY INJURY DATE	HYTD EX DATE				
	505	610	515	520	525	535	540	545	550	560		565		567				
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY RATED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FREED MAINTENANCE FIRST/FINAL DEED					
	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	632	632	641		655					
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD	REPLACEMENT LIST CLASS	LOI NO.	REPLACEMENT LIST CLASS	LOI NO.	REPLACEMENT LIST CLASS	LOI NO.					
	705	AS OF	THRU	THRU	THRU	THRU	715 MM/YY											

- ==** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S32

S33

TERMINATION WITHOUT FAULT
DISPLACEMENT

005	SEQUENCE NUMBER	_____ OF _____
010	DOCUMENT PROCESSING NUMBER	_____

1	TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER	DEPT CODE	CB ID	COUNTY CODE	BIRTH DATE	APPROV. DATE							
		105	110	111	120 121 122 123	124	126	130 135	140	MS MM/YY							
2	TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EMPINGS												
		(1) (2)	210 MM/DD/YY	215	NO TO												
3	TO:	300 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		310	315	320	325	330 MM/YY	335	340	345	350	355	356					
4	TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMIT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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 DATE	WCTD/OL DATE		
		505	510	520	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 WACED.	LUMP SUM TO BE PAID (S)	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	EXPIRATION HOURS	FIXED MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
		600	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655				
7	TO:	MOS	HOURS	AS OF	INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOA#	REEMPLOY LIST ELIG					
		705			1) THRU THRU HRS	2) THRU THRU HRS	3) THRU THRU HRS	715 MM/YY	725	730	735						

- ==** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S33

S40

TERMINATION WITH FAULT
NO LAYOFF SITUATION

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 AGENCY UNIT CLASS SERIAL 120 121 122 123		DEPT CODE 124	CB D 126	COUNTY CODE 130 135	BIRTH DATE 140	ANNV DATE 145 MM/YY
2 TO:	(1) TRANSACTION CODE (2) 205		EFFECTIVE DATE AND HOURS 210 MM/DD/YY			EMPLOYMENT HISTORY REMARKS 215			ESTABLISHED EARNINGS NO ID NO ID NO ID NO ID NO 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	ANNIVERSARY DATE 330 MM/YY	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. TEMURE 410	# MOS. 415	APPOINTMENT EXPIRATION DATE 416		CERT. # 425	TYPE OF LIST OR EXMT STAT 426	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL CODE 435	FORM DATE 440	SEX 440	ETHNIC ORIGIN 445	PRIOR STATE SERVICE 450	DISABILITY CODE 455	
5 TO:	ACCOUNT CODE 505	SAFETY MEMBER 515	SURVIVORS BENEFITS 520	SS/RED PLANET 525	RETIREMENT RATES (M/S) 530	EXEMPT AUTHORITY 535	OATH 540	NON-CITIZEN 545	MEDICAL CLEARANCE 550	FINGERPRINT 555	PROFESSIONAL LICENSE TYPE 560	EXPIRATION DATE 565	JOB INCURRED INJURY INJURY DATE 565	WCTD/DL DATE 565		
6 TO:	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAD (NEW) 606 DAS HOURS	TIME TO BE PAD (OLD) 607 DAS HOURS	PAY RATED. 615	LUMP SUM TO BE PAD (S) 620 DAS HOURS	LUMP SUM EXTRA HOURS (V) 625 DAS HOURS	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	EXPIRATION HOURS 655	FIXED MAINTENANCE FIRST/ANAL DED MONTHLY DED. 655			
7 TO:	TOTAL STATE SERVICE MOS HOURS AS OF 705		INTERMITTENT DATES AND HOURS 1) THRU HRS 2) THRU HRS 3) THRU HRS 710 MM DO YY MM DO YY			SERVICE PAY PERIOD 715 MM/YY	REEMPLOYMENT LIST CLASS 720	LOA NO. 725	REEMPLOY LIST ELIG 730	735	740					

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S40

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S41

S49

LEAVE OF ABSENCE
NONINDUSTRIAL DISABILITY
INSURANCE LEAVE

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	BRTH DATE	APPROX DATE		
	105	110	111			120	121	122	123	124	126	130	135	140			
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS								
	(11) <input type="text"/>		*1			*3 <input type="text"/>			ND	ID	ND	ID	ND	ID	ND	ID	
3 TO:	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WYG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	310	315	320	325		330 MM/YY	335	340	345	350	355	356					
4 TO:	TIME BASE	APPT TENURE	# MOS.	APPOINTMENT EXPIRATION DATE		HOURS	CERT. #	TYPE OF LIST OR EXAMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	ACR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	418		425	426	430	435	440	445	450	455				
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DATA	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WCTD/IDL DATE			
	505	510	515	520	525	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 AMOUNT	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE PRST/FINAL DED	MONTHLY DED			
	603	605 SALARY	606 DAS HOURS	HOTH	607 DAS HOURS	HOTH	615	620 DAS HOURS	HOTH	625 DAS HOURS	HOTH	630	635	636	645	655	
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS						SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOSS NO.	REEMPLOY LIST ELIG					
	MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	HPS	715 MM/YY	720	725	730	735	740				

- *1 First day on NDI benefits (date approved on DE 8500A by EDD). If employee is on payroll for a portion of the day due to sick leave, vacation, holiday or CTO credits, enter the number of hours on the payroll. If employee was off the payroll for the entire day, enter "BOB".
- *2 Do not complete if employee is paid by positive attendance (roll codes 3-8).
- *3 This item is required if employee is participating in the Annual Leave Program.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)



3.231 (Rev. 05/93)

LINES **8 - 9** ITEMS:

- | | |
|--|---|
| 892 - Last Day on Pay Status
(REQUIRED) | 960 - Corrected Transaction
Identifier |
| 952 - Case No. and Date of Action | 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.)

SEPARATION TRANSACTION CODE S49

S50

LEAVE OF ABSENCE REGULAR OR STATE DISABILITY INSURANCE

														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	DB ID	COUNTY CODE	BIRTH DATE	ANNV DATE			
	105	110	111			120	121	122	123	124	126	130	135	140	145 MM/YY					
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	(2)		* 2							NO	ID	NO	ID	NO	ID	NO	ID			
	205		210 MM/DD/YY			215				351										
3 TO:	ACTUAL DATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE						
	300	310	315	320	325	330 MM/YY	335	340	345	350	355	356	357							
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT DATE	EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE				
	405	410	415	415	425	425	428	430	435	435	440	445	450	455	455					
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	BASED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE	WCTD/IDL DATE					
	505	510	515	520	525	535	540	545	550	555	560	565	565	565						
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY NAMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	EXPIRATION HOURS	FRIED MAINTENANCE FIRST/FINAL DED	MONTHLY DED.						
	* 1					(S)								(M)						
	603	605 MM/YY	605 DAS	HOURS	HOTH	607 DAS	HOURS	HOTH	615	620 DAS	HOURS	HOTH	625 DAS	HOURS	HOTH	630	635	636	645	655
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST ELIG									
	MOS	HOURS	AS OF	11	THRU	11P5														
				21	THRU	11P5														
				31	THRU	11P5														
				710 MM DD	YY	MM	TO	YY	715 MM/YY	720	725	726	730	725	730					

*1 This item is conditional for exempt employees.

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

≡ REQUIRED
(MUST be completed)

○ CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)

● ONE OR MORE REQUIRED
(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

SEPARATION TRANSACTION CODE S50

S51

LEAVE OF ABSENCE MILITARY - SHORT TERM *1

										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	BIRTH DATE	WAGE DATE	
	105	110	111			120	121	122	123	124	126	130	135	140	145	
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED LEAVES							
	205		210 MM/DD/YY			215			251							
3 TO:	305 INITIAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY 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					
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MOR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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	BASED MEMBER	RETIREMENT PATH (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	JOB INCURRED INJURY DATE	WCTD/IDL DATE	
	505	510	515	520	525	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 (S)	LUMP SUM TO BE PAID (V)	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FRIED MAINTENANCE FIRST/FINAL DED	MONTHLY DED.	
	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655				
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG							
	MOS	HOURS	AS OF	1) THRU	HRS	715 MM/YY	725	730								

*1 Refer to PTM Section 480.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

PAM

3.235 (Rev. 08/96)

LINES **8 - 9** ITEMS:

- | | | | | | |
|-----|---|--|-----|---|--|
| 865 | - | Military Substantiation
(REQUIRED) | 960 | - | Corrected Transaction
Identifier |
| 871 | - | Right of Return Designation
(REQUIRED FOR CIVIL
SERVICE EMPLOYEE ONLY) | 962 | - | Separation Pay At Alternate
Salary Rate |
| 952 | - | Case No. and Date of Action | 964 | - | Military Service Dates |
| 958 | - | Separation Time To Be Paid
Substantiation | 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.

SEPARATION TRANSACTION CODE S51

PAM

3.236 (Rev. 05/88)

S52

LEAVE OF ABSENCE
MILITARY - LONG TERM *1

										005 SEQUENCE NUMBER						
										010 DOCUMENT PROCESSING NUMBER						
1 TO:	SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER		DEPT CODE	CE ID	COUNTY CODE	BIRTH DATE	ANNUAL SALARY	
	105		110						120	121	122	124	126	130	140	
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EMPHOL							
	111								NO	NO	NO	NO	NO	NO	NO	
3 TO:	308 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHE DIF	SPECIAL PAY	WWW	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	305		310	315	320			330 MM/YY	335	340	345	350	355	356		
4 TO:	TIME BASE	APP TENURE	# MOS	APPOINTMENT EXPIRATION		CERT #	TYPE OF LIST OR EXEMT STAT	PROBATIONARY PERIOD	MOR APPROVAL	SEA	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	420	425	430	435	436	440	445	450	455			
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	OLDERS MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	CATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE	JOB INCURRED INJURY	INJURY DATE	WCTD/OL DATE		
	505	510	515	520	525	530	540	545	550	555	560	565				
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY RATED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST/FINAL DED
	603	605 MM/YY	606 DAS	HOURS	607 DAS	HOURS	615	620 DAS	HOURS	625 DAS	HOURS	630	635	636	645	655
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS						SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LDL NO.	REEMPLOY LIST ELIG				
	MOS	HOURS	AS OF	1)	THRU	HRS										
	705			2)	THRU	HRS										
				3)	THRU	HRS										

*1 Refer to PTM Section 485.

- ==** REQUIRED
(MUST be completed)
- CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES **8-9** ITEMS:865 - Military Substantiation
(REQUIRED)

960 - Corrected Transaction Identifier

877* - Lump Sum Payment Deferral

962 - Separation Pay At Alternate Salary
Rate

952 - Case No. and Date of Action

999 - Deduction Information

958 - Separation Time To Be Paid
Substantiation

* Refer to PAM Section 5.76 for documentation instructions.

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.

SEPARATION TRANSACTION CODE S52

S53

LEAVE OF ABSENCE MILITARY - EMERGENCY

										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	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 LEAVINGS																					
	(1)	(2)	210 MM/DD/YY			215			NO	ID	NO	ID	NO	ID	NO	ID														
3 TO:	303 ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF.		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE			
	303	310	315	320	325	330 MM/YY		335	340	345	350	355	357	357		357		357		357		357		357		357				
4 TO:	TIME BASE		APPT TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		HOURS		CERT. #		TYPE OF LST OR EXAM STAT		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM DATE		SEX		ETHNIC ORIGIN		PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416	425	426		430		435		440		445	450	455		455		455		455		455		455		455		
5 TO:	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED MEMBERSHIP		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		INJURY DATE		WCTD/OL DATE	
	505	510	515	520	525	530		535	540	545	550		555		560		565		565		565		565		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 HOURS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIXED MAINTENANCE FIRST/FINAL DED		MONTHLY DED.			
	603	605 MM/YY	606 DAS	HOURS	HO TH	607 DAS	HOURS	HO TH	615	620 DAS	HOURS	HO TH	625 DAS	HOURS	HO TH	630	635	636	645	655		655		655		655				
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS										SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LOG NO.		REEMPLOY LIST ELIG										
	MOS.	HOURS	AS OF	1) / / THRU / / HRS	2) / / THRU / / HRS	3) / / THRU / / HRS	710	MM	DD	YY	MM	DD	YY	715	MM/YY	720	725	726	730	735	740	745	750	755	760	765	770			

- == REQUIRED**
(MUST be completed)
- CONDITIONAL**
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED**
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

PAM

3.239 (Rev. 08/96)

LINES **8 - 9** ITEMS:

- | | | | | | |
|-----|---|--|-----|---|--|
| 865 | - | Military Substantiation
(REQUIRED) | 958 | - | Separation Time To Be Paid
Substantiation |
| 871 | - | Right of Return Designation
(REQUIRED for Civil Service
Employee Only) | 960 | - | Corrected Transaction
Identifier |
| 952 | - | Case No. and Date of Action | 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.

SEPARATION INFORMATION CODE 553

PAM

3.240 (Rev. 05/88)

S54

LEAVE OF ABSENCE *1
 TEMPORARY - 30 DAYS OR LESS
 UNDER DPA REGULATION 599.781

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	CR ID	COUNTY CODE	BIRTH DATE	ANNVY DATE															
2 TO:	13 TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNING(S)																					
3 TO:	205 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHEP DIFF		SPECIAL PAY		HWYS		PAY LETTER #		PAY LETTER EXPIRATION DATE			
4 TO:	205 TOTAL SALARY		310		315		320		325		330 MM/YY		335		340		345		350		355		356							
5 TO:	TIME BASE		APPT TENURE		# MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXMT STAT		PROBATIONARY PERIOD CODE		ENDING DATE		MCH APPROVAL CODE		FORM DATE		SEA		ETHEL ORIGIN		PRIOR STATE SERVICE		DISABILITY CODE	
6 TO:	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		DASB MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		DATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED ALLIY		INJURY DATE			
7 TO:	505		510		515		520		525		530		535		540		545		550		555		560		565		565		WCTD/EL DATE	
8 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAD (NEW)		TIME TO BE PAD (OLD)		PAY NAMED		LUMP SUM TO BE PAD		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		LUMP SUM SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIXED MAINTENANCE FIRST/FINAL DED		MONTHLY DED			
9 TO:	603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		608 HOTH		609 DAS HOURS		610 HOTH		611		612 DAS HOURS		613 HOTH		614		615		616		617		618	
10 TO:	TOTAL STATE SERVICE		MOS		HOURS		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LXI NO.		REEMPLOY LIST ELIG													
11 TO:	705		710		715		720		725		730		735		740		745		750		755		760		765		770		775	

*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.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (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.)

DEFINITION INFORMATION CODE 034

S55

LEAVE OF ABSENCE * SPECIAL

808	SEQUENCE NUMBER	<input type="text"/>
810	DOCUMENT PROCESSING NUMBER	<input type="text"/>

1	TO	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER	DEPT CODE	DE ID	COUNTY CODE	BIRTH DATE	ANNUAL SALARY				
2	TO	EFFECTIVE DATE AND HOUR		EMPLOYMENT HISTORY REMARKS	ESTABLISHED LEARNING									
3	TO	SEE ACTION RATE	BASED ON SALARY	PLUS SALARY	EXTENSION DATE OF PLUS SALARY	APPROPRIATE DATE	RANGE	AVAIL STATE	STEP OFF	SPECIAL PAY	WHY	EXT. DATE	EXT. DATE	
4	TO	TIME PERIOD	APPOINTMENT EXPIRATION DATE	HOURS	TYPE OF LEAVE	PROBATION PERIOD	ENDING DATE	CODE	FORM	DATE	PROF. LICENS.	EXPIRATION DATE	EXPIRATION DATE	
5	TO	ACCOUNT CODE	LEAVE NUMBER	SUPPLY BENEFIT	ONLINE NUMBER	REFUSED RATE (%)	LEAVE AUTHORITY	NON OFFICE	MEDICAL CLEARANCE	PROBATION	PROFESSIONAL LICENS.	TYPE	EXPIRATION DATE	EXPIRATION DATE
6	TO	REASON FOR SEPARATION	TIME PERIOD	TIME TO BE PAID	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
7	TO	REASON FOR SEPARATION	TIME PERIOD	TIME TO BE PAID	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

* 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

- ==** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)



3.243 (Rev. 05/93)

LINES **8 - 9** ITEMS:

- | | | | | | |
|-----|---|--|-----|---|--|
| 866 | - | Leave of Absence
Substantiation, Special | 960 | - | Corrected Transaction
Identifier |
| 952 | - | Case No. and Date of Action | 962 | - | Separation Pay At Alternate
Salary Rate |
| 958 | - | Separation Time To Be Paid
Substantiation | 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

SEPARATION INFORMATION ONLY USE

PAM

3.244 (Rev. 05/11)

S56

LEAVE OF ABSENCE *1
 SPECIAL - JOB INCURRED
 INJURY OR ILLNESS
 (PER G.C. 19991.4)
 OR PER LC 4656 (C) (1) or (2)

										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	CS ID	COUNTY CODE	BIRTH DATE
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS					
3 TO:	205	(2)	210 MM/DD/YY			215			361					
4 TO:	405	410	415	416	418	425	426	430	435	440	445	450	455	
5 TO:	505	510	515	520	525	535	545	550	555	560	565	570	575	
6 TO:	605	610	615	620	625	630	635	640	645	650	655	660	665	
7 TO:	705	710	715	720	725	730	735	740	745	750	755	760	765	

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

- REQUIRED
(MUST be completed)
- CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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

SEPARATION TRANSACTION CODE S56

PAM

3.246 (Rev. 05/02)

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"/>		
1 TO:	SOCIAL SECURITY #		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER			DEPT CODE	CS ID	COUNTY CODE	BIRTH DATE	ANNVY DATE
	105	110	111	120	121	122	123	124	128	130	135	140				
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS							
	205		210 MM/DD/YY			215			NO	O	NO	O	NO	O	NO	O
3 TO:	SAL ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DFF.	SPECIAL PAY	WVWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	310	315	320	325	330 MM/YY	335	340	345	350	355	352					
4 TO:	TIME BASE	APPT TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCA APPROVAL CODE	FORM DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	418	425	428	430	435	440	445	450	455				
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HEB MEMBER	RETIREMENT RATE (M)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCL. INJURY DATE	WCTD/DL DATE		
	505	510	515	520	525	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 MAED.	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIRED MAINTENANCE FIRST/FINAL DED	MONTHLY DED.		
	601	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655				
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST ELIG	REEMPLOY LIST ELIG						
	705	HOURS	AS OF	1) THRU	HRS	715 MM/YY	725	730	735	740						

* 1 DO NOT USE for Agricultural Associations or California Conservation Corps. (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).

== REQUIRED (MUST be completed)

○ CONDITIONAL (MUST be completed when required by ITEM DEFINITION)

● ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

PAM

3.247 (Rev. 05/02)

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.)

SEPARATION TRANSACTION CODE S57

PAM

3.248 (Rev. 11/96)

S70

RETIREMENT *2
 SERVICE - VOLUNTARY OR
 COMPULSORY

005	SEQUENCE NUMBER	OF	
010	DOCUMENT PROCESSING NUMBER		

1	TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER	DEPT CODE	CS ID	COUNTY CODE	BIRTH DATE	Assess. DATE								
		105	110	111	120 121 122 123	124	126	130 135	140	141 142 143 144								
2	TO:	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS													
		(1) (2) 111 (2)	*1	*1	NO I O													
3	TO:	ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF	SPECIAL PAY	WYG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
		205	310	315	320	325	330 MM/YY	335	340	345	350	355	356	357				
4	TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCA APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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/PED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	WCTD/EL DATE			
		505	510	515	520	525	530	535	540	545	550	560	565	565	570			
6	TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY NAMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FRIED MAINTENANCE FIRST/FINAL DED	MONTHLY DED			
		603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655					
7	TO:	TOTAL STATE SERVICE										INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOSS NO.	REEMPLOY LIST ELG	
		705	MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	710 MM DD	715 MM DD	715 MM/YY	720	725	730	735	740		

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

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

- ==** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S70

PAM

3.250 (Rev. 11/96)

S71

RETIREMENT

DISABILITY *1

										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	BIRTH DATE	ANNULMENT DATE					
	105	110	111	120	121	122	123	124	126	130	135	140				
2 TO:	(3) TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS									
	(11) (21)	*2 *2 <input type="text"/>		<input type="text"/>			NO	ID	NO	ID	NO	ID				
	205	210 MM/DD/YY		215			351					352				
3 TO:	BOB ACTUAL DATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	305	310	315	320	325	330 MM/YY	335	340	345	350	355	356				
4 TO:	TIME BASE	ASPT TENURE	# MOS.	APPOINTMENT DATE	EXPIRATION HOURS	CERT. #	TYPE OF LIST OR EXAM STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	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 MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WCTD/IDL DATE
	505	510	515	520	525	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 NAMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION DATE	EXPIRATION HOURS	FIXED MAINTENANCE	FRST/FINAL DED	MONTHLY DED.	
	603	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655				
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOG AND	REEMPLOY LIST ELIG						
	MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	715 MM/YY	720	725	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.

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S71

PAM

3.252 (Rev. 11/96)

S80

OTHER SEPARATION *1

TERMINATION - ILLEGAL APPOINTMENT

(PER G.C. 19257 OR G.C. 19257.5)

										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	CD ID	COUNTY CODE	BIRTH DATE	ADDRESS	
	105	110	111	120	121	122	123	124	125	126	130	135	140	145	150	
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS							
	(1)	(2)	210	MM/YY	215	251	252	253	254	255	256	257	258	259	260	
3 TO:	SS ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIP OFF.	SPECIAL PAY	W/WG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	310	315	320	325	330	MM/YY	335	340	345	350	355	356	357	358		
4 TO:	TIME BASE	APPT TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416	425	426	430	435	440	445	450	455	460	465	470	475
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT PLAN (R)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	JOB INCURRED INJURY DATE	WCTD/OL DATE	
	505	510	515	520	525	535	540	545	550	555	560	565	570	575	585	
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAD (NEW)	TIME TO BE PAD (OLD)	PAY NAMED	LUMP SUM TO BE PAD	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	EXPIRATION HOURS	FRIED MAINTENANCE FIRST/FINAL DED			
	603	605	606	607	615	620	625	630	635	636	645	655	665			
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS			SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	LAST MO.	REEMPLOY LIST ELIG						
	MOS	HOURS	AS OF	1) THRU	2) THRU	3) THRU	715	720	725	730	735	740	745			

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

- REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

LINES 8-9 ITEMS:

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

* Refer to PAM Section 5.76 for documentation instructions.

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.)

SEPARATION TRANSACTION CODE S80

PAM

3.254 (Rev. 11/96)

S85

OTHER SEPARATION
ADVERSE SUSPENSION

										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			POSTPON NUMBER		DEPT CODE	CD ID	COUNTY CODE	BIRTH DATE	ANNR DSTR									
	105		110			111			120	121	122	123	124	126	130	135	140							
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS															
	205		310	MM/DD/YY		311			215			NO	ID	NO	ID	NO	ID	NO	ID					
3 TO:	325 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WYG	PAY LETTER #	PAY LETTER EXPIRATION DATE								
	310	315	320			325		330	MM/YY	335	340	345	350	355	356									
4 TO:	TIME BASE	APPT TENURE	# MOS.	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAMT STAT		PROBATIONARY PERIOD		MCR APPROVAL		SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY CODE								
	405	410	415	418		425	428	430		435		440	445	450	455									
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE		JOB INCURRED INJURY DATE								
	505	510	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600					
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY NAMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION		FIXED MAINTENANCE FIRST/FINAL DED							
	601	605	606	DAS	HOURS	HOTH	607	DAS	HOURS	HOTH	615	620	DAS	HOURS	HOTH	625	DAS	HOURS	HOTH	630	635	636	645	655
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS										SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	DLR NO.	REEMPLOY LIST ELIG							
	705	HOURS	AS OF	11	THRU	1955																		

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

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

- ≡** REQUIRED (MUST be completed)
- CONDITIONAL (MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED (ONE or MORE of these items on this chart MUST be completed for a valid transaction)



3.255 (Rev. 08/96)

LINES **8 - 9** ITEMS:

- | | |
|--|---|
| 874 - Adverse Action and Rejection Substantiation (REQUIRED) | 960 - Corrected Transaction Identifier |
| 952 - Case No. and Date of Action | 962 - Separation Pay At Alternate Salary Rate |
| 958 - Separation Time To Be Paid Substantiation | 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

SEPARATION TRANSACTION CODE S85

PAM

3.256 (Rev. 11/96)

S90

OTHER SEPARATION
REJECTION DURING
PROBATION PERIOD *1

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																						
	105			110			111			120 121 122 123 124 125 126 130 135 140																						
2 TO:	EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																									
	210 MM/DD/YY			215			351 352																									
3 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PATROLL STATUS		SHIFT DIFF		SPECIAL PAY		HWG		PAY LETTER #		PAY LETTER EXPIRATION DATE					
	310		315		320		325		330 MM/YY		335		340		345		350		355		360											
4 TO:	TIME BASE		APPT TEMPER		# MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXMIT STAT		PROBATIONARY PERIOD CODE		ENDING DATE		CODE		FORM		MOR APPROVAL DATE		SEA		ETHNIC ORIGIN		PRIOR STATE SERVICE		DISABILITY CODE	
	405		410		415		416		425		426		430		435		440		445		450		455									
5 TO:	ACCOUNT CODE		SAFETY INCLUSION		SURVIVORS BENEFITS		SS/RED INCLUSION		RETIREMENT RATE (%)		EXEMPT AUTHORITY		DATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		INJURY DATE		WC/TO/OL DATE			
	505		510		515		520		525		535		540		545		550		555		560		565		565		565		565			
6 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY-MADE		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIXED MAINTENANCE PRIOR/FINAL DEED		MONTHLY DEED					
	603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		615		620 DAS HOURS		625 DAS HOURS		630		635		636		645		645		655		655					
7 TO:	TOTAL STATE SERVICE			INTERMITTENT DATES AND HOURS									SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LDR		REMOVAL LIST ELIG													
	705			1) THRU 2) THRU 3) THRU									715 MM/YY		725		730		730		730		730									

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

- ==** REQUIRED
(MUST be completed)
- CONDITIONAL
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

(Rev. 09/03)

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

* Refer to PAM Section 5.76 for documentation instructions.

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).

SEPARATION TRANSACTION CODE S90

REQUIRED
CONDITIONAL
IN THE EVENT

BOARD
OF

S95

OTHER SEPARATION DEATH *1, *2

										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	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CB ID	COUNTY CODE	BIRTH DATE					
2 TO:	(1) TRANSACTION CODE	(2) TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
3 TO:	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF.	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
4 TO:	TIME BASE	APPT TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	HOURS	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE	DISABILITY/ CODE
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED MEMBER	RETIREMENT RATE %	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	INJURY DATE	WCTD/DL DATE	
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY BAWED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE FIRST/FINAL DED	MONTHLY DED		
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS				SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG						

*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.

- == REQUIRED**
(MUST be completed)
- CONDITIONAL**
(MUST be completed when required by ITEM DEFINITION)
- ONE OR MORE REQUIRED**
(ONE or MORE of these items on this chart MUST be completed for a valid transaction)

PAM

3.259 (Rev. 09/03)

LINES **8-9** ITEMS:

- | | |
|---|---|
| 872 - Salary Increase Certification | 960 - Corrected Transaction Identifier |
| 877* Lump Sum Payment Deferral | 962 - Separation Pay At Alternate Salary Rate |
| 880 - Time of Death (REQUIRED) | 999 - Deduction Information |
| 958 - Separation Time to Be Paid Substantiation | |

* Refer to Pam Section 5.76 or documentation instructions.

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.)

SEPARATION TRANSACTION CODE S95

PAM

3.261 (Rev. 10/84)

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