




DEPARTMENT INFORMATION		
Department Name		
Personnel Area Code		
Work Schedule	Working Week	
Daily Work Schedule	Period Work Schedule	
Daily Work Schedule	Period Work Schedule	
Holidays	Effective Date For New Schedule (MM/DD/YYYY)	
Personnel Subarea (CBID)	Personnel Subarea (CBID)	
Time Reporting <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Part-Time	Timebase Fraction	
Completion and Submission Instructions		
Authorized Signature		
Certification for the Appointing Power -The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.		
Authorized Name (Print)	Title	
Authorized Name Signature 	Tel ephone	Date
Form Submitted By		
Contact Name (Print)	Date	
Telephone	Fax	Email