

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.)

CODE	TITLE/DESCRIPTION	PAGE
<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.

SO1

RESIGNATION WITHOUT FAULT
VOLUNTARY

															005 SEQUENCE NUMBER 00 OF 00						
															010 DOCUMENT PROCESSING NUMBER 00						
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	OS ID 126	COUNTY CODE 130 135 140	BIRTH DATE 145	APPROVAL DATE 149				
2 TO:	(3) TRANSACTION CODE (1) 205		(4) EFFECTIVE DATE AND HOURS 210 MM/DD/YY			EMPLOYMENT HISTORY REMARKS 215 *3			ESTABLISHED EMPLOYEE 140 10 140 10 140 10 140 10 140 10 140 10 140 10												
3 TO:	335 ACTUAL RATE 300 TOTAL SALARY		SALARY PER 310	PAY FREQ. 315	BASED ON SALARY 320		PLUS SALARY 325		EXPIRATION DATE OF PLUS SALARY 330 MM/YY	ANNIVERSARY DATE 335	ALTERNATE RANGE 340	PAYROLL STATUS 345	SHIFT DIFF. 350	SPECIAL PAY 355	WWG 356	PAY LETTER # 357	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 EXMT STAT 430		PROBATIONARY PERIOD CODE 435		ENDING DATE 440		MCB APPROVAL 445	SEX 450	ETHNIC ORIGIN 455	PRIOR STATE SERVICE 460	DISABILITY CODE 465		
5 TO:	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	OS/OSR MEMBER 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH 535	NON-CITIZEN 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE EXPIRATION DATE 555 560		JOB INCURRED INJURY CODE 565		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 NAMED 615	LUMP SUM TO BE PAID (I) 620 DAS HOURS		LUMP SUM EXTRA HOURS (II) 625 DAS HOURS		LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT SERIAL 635 636	SEPARATION EXPIRATION DATE HOURS 645 655		FRIED MAINTENANCE FIRST/FINAL DEB MONTHLY DEB.					
7 TO:	TOTAL STATE SERVICE MOS. HOURS AS OF 705			INTERMITTENT DATES AND HOURS 1) THRU HRS 2) THRU HRS 3) THRU HRS 715 MM/YY										SERVICE PAY PERIOD 720		REEMPLOYMENT LIST CLASS *1 725		REEMPLOY LIST EXG *1 730		735	

- *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

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 #		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	125	126	130	140		
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS							
	205	(2)	210 MM/DD/YY	215			351	352	353	354	355	356		
3 TO:	305 ACTUAL RATE	SALARY PER	PAY FREQ.	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNUAL RATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WVG	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 EXAM STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MOR APPROVAL CODE	FORM	DATE	SEX	ETHNIC ORIGIN
	405	410	415	416	425	426	430	435	440	445	450	455		
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/RED MEMBER	RETIREMENT RATE (%)	EXEMPT AUTHORITY	DATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WCTD/OL 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 RATED	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	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		LAST NO.	REEMPLOY LIST ELIG				
	705	710 MM DD YY	715	720	725	730	735	740	745	750	755	760		

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

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S02	*	Layoff Situation or In Lieu of Involuntary Transfer	3.206
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S05	1 -	For employee moving to, from or between exempt positions when lump sum vacation is to be paid.	3.212
	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.	
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
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<u>Termination Without Fault</u>			
S30		Layoff Situation (Reduction in Force)	3.218

* For separation of Civil Service employee only.

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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
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<u>Retirement</u>		
S70	Service - Voluntary or Compulsory	3.248
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<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.



3.204 (Rev. 05/88)

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 # 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	POSITION NUMBER 120	DEPT CODE 124	COUNTY CODE 130	BIRTH DATE 140	APPROVAL DATE 145						
2 TO: (3) TRANSACTION CODE (11) (2) 205	EFFECTIVE DATE AND HOURS 210 MM/DD/YY		EMPLOYMENT HISTORY REMARKS 215 *3		ESTABLISHED EARNINGS 251								
3 TO: 300 ACTUAL DATE 309 TO SALARY	SALARY PER 310	PAY FREQ. 315	BASED ON SALARY 320	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY 330 MM/YY	ANNIVERSARY DATE 335	ALTERNATE RANGE 340	PAYROLL STATUS 345	SHIFT OFF. 350	SPECIAL PAY 355	WWG 357	PAY LETTER # 352	PAY LETTER EXPIRATION DATE
4 TO: TIME BASE 405	APPT. TENURE 410	# MOS. 415	APPOINTMENT EXPIRATION DATE 416	CERT. # 425	TYPE OF LIST ON EXMT STAT 426	PROBATIONARY PERIOD CODE 430	ENDING DATE 435	MCR APPROVAL FORM 435	DATE 440	SEX 445	ETHNIC ORIGIN 450	PRIOR STATE SERVICE 455	DISABILITY CODE 455
5 TO: ACCOUNT CODE 505	SAFETY MEMOR. 515	SURVIVORS BENEFITS 520	CASUALTY MEMOR. 525	RETIREMENT RATE (%) 530	EXEMPT AUTHORITY 535	OATH 540	NON-CITIZEN 545	MEDICAL CLEARANCE 550	FINGERPRINT 555	PROFESSIONAL LICENSE TYPE 560	EXPIRATION DATE 565	JOB INCURRED INJURY DATE 565	WC/DL DATE 565
6 TO: REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS	TIME TO BE PAID (OLD) 607 DAS	PAY IMMED. 615	LUMP SUM TO BE PAID 620 DAS	LUMP SUM EXTRA HOURS 625 DAS	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT 635	LUMP SUM SERIAL 636	SEPARATION EXPIRATION DATE 645	HOURS 655	FIXED MAINTENANCE FIRST/FINAL DED 655	MONTHLY DED.
7 TO: MOS. 705	HOURS 710	AS OF 715	INTERMITTENT DATES AND HOURS 1) THRU 2) THRU 3) THRU		SERVICE PAY PERIOD 715 MM/YY	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725	REEMPLOYMENT LIST CLASS 725

*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)

0332c4

(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



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 #		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER		DEPT CODE		CB D		COUNTY CODE		BIRTH DATE		ADDRESS															
2 TO:	(1) TRANSACTION CODE		(2) EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS		NO		ID		NO		ID		NO		ID		NO		ID									
3 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANK		PAYROLL STATUS		SHIFT OFF		SPECIAL PAY		WVG		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		CODE		FORM		DATE		SEX		ETHNIC ORIGIN		PRIOR STATE SERVICE		DISABILITY CODE	
5 TO:	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/RED MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY DATE		WCTD/OL 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		UNIT		SERIAL		SEPARATION EXPIRATION DATE		HOURS		FRIED MAINTENANCE FIRST/FINAL DED		MONTHLY DED					
7 TO:	TOTAL STATE SERVICE		MOS		HOURS		AS OF		INTERMITTENT DATES AND HOURS		THRU		THRU		THRU		THRU		THRU		THRU		THRU		THRU		THRU		THRU			

- 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 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	125	130	135	140	145
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMPLOYMENT						
	205	210	MM/DD/YY	215			NO	ID	NO	ID	NO	ID	NO
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 #
	305	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	CODE	FORM	DATE	SEX	ETHNIC ORIGIN
	405	410	415	416	425	426	430	435	440	445	450	455	456
5 TO:	ACCOUNT CODE	SAFETY MEMBER	SURVIVOR'S BENEFITS	SS/RED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE
	505	510	515	520	525	535	540	545	550	555	560	565	566
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	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINTENANCE FIRST/FINAL DED
	603	605	MM/YY	606	DAS	HOURS	607	DAS	HOURS	615	620	DAS	HOURS
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD	REEMPLOYMENT LIST CLASS	LOG NO.	REEMPLOY LIST END					
	MOS	HOURS	AS OF	1) / / THRU / /	THRU / /	715	MM/YY	720	725	730	735	740	745

- REQUIRED**
(MUST be completed)
- CONDITIONAL**
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- ONE OR MORE REQUIRED**
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(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
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 - 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 # <input type="text"/>		EMPLOYEE LAST NAME <input type="text"/>	
105		110	
111 FIRST NAME AND MIDDLE INITIAL <input type="text"/>		POSITION NUMBER <input type="text"/>	
120 AGENCY <input type="text"/>		121 UNIT <input type="text"/>	
122 CLASS <input type="text"/>		123 SERIAL <input type="text"/>	
124 DEPT CODE <input type="text"/>		125 CB ID <input type="text"/>	
126 COUNTY CODE <input type="text"/>		127 BIRTH DATE <input type="text"/>	
128		129	
130		131	
132		133	
134		135	
136		137	
138		139	
140		141	
142		143	
144		145	
146		147	
148		149	
150		151	
152		153	
154		155	
156		157	
158		159	
160		161	
162		163	
164		165	
166		167	
168		169	
170		171	
172		173	
174		175	
176		177	
178		179	
180		181	
182		183	
184		185	
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(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
952 - Case No. and Date of Action	999 - Deduction Information
958 - Separation Time To Be Paid Substantiation	

* 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		HIRE DATE											
		105		110				111				120		121		122		123		124		125		126									
2 TO:		(3) TRANSACTION CODE		(4) EFFECTIVE DATE AND HOURS				EMPLOYMENT HISTORY REMARKS				ESTABLISHED EMPLOYER		ID		ID		ID		ID		ID		ID									
		(1) (2)		210 MM/DD/YY				215				351		352		353		354		355		356		357									
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		357		358		359					
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 RATE (%)		EXEMPT AUTHORITY		OATH NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY INJURY DATE		WC/DL DATE		WC/DL DATE		WC/DL DATE			
		505		510		515		520		525		535		540		545		550		555		560		565		570		575		580		585	
6 TO:		REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY MAINT.		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		UNIT		SERIAL		DATE		HOURS		FIXED MAINTENANCE FIRST/FINAL DED		MONTHLY DED.		MONTHLY DED.			
		603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		615		620 DAS HOURS		625 DAS HOURS		630		635		640		645		650		655		660		665		670	
7 TO:		TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS			
		705		710		715		720		725		730		735		740		745		750		755		760		765		770		775		780	

*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) | 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 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".

1 TO:		SOCIAL SECURITY #		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER		DEPT CODE		COUNTY CODE		BIRTH DATE		ANNV. DATE	
		105		110		111		120 121 122 123		124 125 126		130 135		140		145 MM/YY	
2 TO:		(3) TRANSACTION CODE		(4) EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS									
		205		210 MM/DD/YY		215		351 352 353 354 355 356									
3 TO:		305 ACTUAL RATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE	
		310		315		320		325		330 MM/YY		335		340		345	
4 TO:		TIME BASE		APPT. TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		CERT. #		TYPE OF LIST OR EXMT STAT		PROBATIONARY PERIOD		MCR APPROVAL	
		405		410		415		420		425		430		435		440	
5 TO:		ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/RED MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		DATA NON-CITIZEN		MEDICAL CLEARANCE	
		505		510		515		520		525		530		535		540	
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	
		603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		608		610 DAS HOURS		615		620 DAS HOURS	
7 TO:		TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS	
		705		710		715		720		725		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
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS		AGENCY UNIT CLASS SERIAL
3 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY
4 TO:	TIME BASE		APPT TENURE		# MOS		APPOINTMENT EXPIRATION DATE		CERT. #
5 TO:	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		RES/MED MEMBER		RETIREMENT RATE (%)
6 TO:	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY BAMED.
7 TO:	TOTAL STATE SERVICE		MOS		HOURS		AS OF		1) - THRU

- 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 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 - S21

SEPARATION TRANSACTION CODE S21



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		COUNTY CODE		BIRTH DATE	
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMPLOYMENT		NO		NO		NO	
3 TO:	SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE	
4 TO:	TIME BASE		APPT TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		CERT #		TYPE OF LIST OR EXMIT STAT		PROBATIONARY PERIOD	
5 TO:	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/RED MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH NON-CITIZEN	
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	
7 TO:	TOTAL STATE SERVICE		MOS		HOURS		AS OF		INTEMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	

*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	BIRTH DATE	APPROVAL DATE			
	105	110	111	120	121	122	123	124	125	130	135	140	145 MM/YY			
2 TO:	(2) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMP-#01									
	205	(2)	210 MM/DD/YY	215			261	262	263	264	265	266	267			
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 OFF.	SPECIAL PAY	WVG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	310	315	320	325	330 MM/YY	335	340	345	350	355	360	365	370			
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	440	445	450	455	460	465	470	475
5 TO:	ACCOUNT CODE	SAFETY BOARDER	SURVIVORS BENEFITS	SS/HED SUBSIDY	RETIREMENT PAY (N)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY DATE	WC/DOL DATE		
	505	510	515	520	535	540	545	550	555	560	565	570	575	580		
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	UNIT	SERIAL	DATE	HOURS	SEPARATION EXPIRATION DATE	FIRST MAINTENANCE FIRST/FINAL DED.	MONTHLY DED.	
	603	605 MM/YY	608 DAS HOURS	609 HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655	660	665	670	
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	REEMPLOY LIST ELIG								
	705	MOS. HOURS AS OF	1) / / THRU / / 2) / / THRU / / 3) / / THRU / /		715 MM/YY		720	725	730	735	740	745	750	755	760	

- 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)

857 - Emergency Qualifying Time	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.

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	
105		110		111		120		126	
121		122		123		124		125	
126		127		128		129		130	
131		132		133		134		135	
136		137		138		139		140	
141		142		143		144		145	
146		147		148		149		150	
151		152		153		154		155	
156		157		158		159		160	
161		162		163		164		165	
166		167		168		169		170	
171		172		173		174		175	
176		177		178		179		180	
181		182		183		184		185	
186		187		188		189		190	
191		192		193		194		195	
196		197		198		199		200	
201		202		203		204		205	
206		207		208		209		210	
211		212		213		214		215	
216		217		218		219		220	
221		222		223		224		225	
226		227		228		229		230	
231		232		233		234		235	
236		237		238		239		240	
241		242		243		244		245	
246		247		248		249		250	
251		252		253		254		255	
256		257		258		259		260	
261		262		263		264		265	
266		267		268		269		270	
271		272		273		274		275	
276		277		278		279		280	
281		282		283		284		285	
286		287		288		289		290	
291		292		293		294		295	
296		297		298		299		300	
301		302		303		304		305	
306		307		308		309		310	
311		312		313		314		315	
316		317		318		319		320	
321		322		323		324		325	
326		327		328		329		330	
331		332		333		334		335	
336		337		338		339		340	
341		342		343		344		345	
346		347		348		349		350	
351		352		353		354		355	
356		357		358		359		360	
361		362		363		364		365	
366		367		368		369		370	
371		372		373		374		375	
376		377		378		379		380	
381		382		383		384		385	
386		387		388		389		390	
391		392		393		394		395	
396		397		398		399		400	
401		402		403		404		405	
406		407		408		409		410	
411		412		413		414		415	
416		417		418		419		420	
421		422		423		424		425	
426		427		428		429		430	
431		432		433		434		435	
436		437		438		439		440	
441		442		443		444		445	
446		447		448		449		450	
451		452		453		454		455	
456		457		458		459		460	
461		462		463		464		465	
466		467		468		469		470	
471		472		473		474		475	
476		477		478		479		480	
481		482		483		484		485	
486		487		488		489		490	
491		492		493		494		495	
496		497		498		499		500	
501		502		503		504		505	
506		507		508		509		510	
511		512		513		514		515	
516		517		518		519		520	
521		522		523		524		525	
526		527		528		529		530	
531		532		533		534		535	
536		537		538		539		540	
541		542		543		544		545	
546		547		548		549		550	
551		552		553		554		555	
556		557		558		559		560	
561		562		563		564		565	
566		567		568		569		570	
571		572		573		574		575	
576		577		578		579		580	
581		582		583		584		585	
586		587		588		589		590	
591		592		593		594		595	
596		597		598		599		600	
601		602		603		604		605	
606		607		608		609		610	
611		612		613		614		615	
616		617		618		619		620	
621		622		623		624		625	
626		627		628		629		630	
631		632		633		634		635	
636		637		638		639		640	
641		642		643		644		645	
646		647		648		649		650	
651		652		653		654		655	
656		657		658		659		660	
661		662		663		664		665	
666		667		668		669		670	
671		672		673		674		675	
676		677		678		679		680	
681		682		683		684		685	
686		687		688		689		690	
691		692		693		694		695	
696		697		698		699		700	
701		702		703		704		705	
706		707		708		709		710	
711		712		713		714		715	
716		717		718		719		720	
721		722		723		724		725	
726		727		728		729		730	
731		732		733		734		735	
736		737		738		739		740	
741		742		743		744		745	
746		747		748		749		750	
751		752		753		754		755	
756		757		758		759		760	
761		762		763		764		765	
766		767		768		769		770	
771		772		773		774		775	
776		777		778		779		780	
781		782		783		784		785	
786		787		788		789		790	
791		792		793		794		795	
796		797		798		799		800	
801		802		803		804		805	
806		807		808		809		810	
811		812		813		814		815	
816		817		818		819		820	
821		822		823		824		825	
826		827		828		829		830	
831		832		833		834		835	
836		837		838		839		840	
841		842		843		844		845	
846		847		848		849		850	
851		852		853		854		855	
856		857		858		859		860	
861		862		863		864		865	
866		867		868		869		870	
871		872		873		874		875	
876		877		878		879		880	
881		882		883		884		885	
886		887		888		889		890	
891		892		893		894		895	
896		897		898		899		900	
901		902		903		904		905	
906		907		908		909		910	
911		912		913		914		915	
916		917		918		919		920	
921		922		923		924		925	
926		927		928		929		930	
931		932		933		934		935	
936		937		938		939		940	
941		942		943		944		945	
946		947		948		949		950	
951		952		953		954		955	
956		957		958		959		960	
961		962		963		964		965	
966		967		968		969		970	
971		972		973		974		975	
976		977		978		979		980	
981		982		983		984		985	
986		987		988		989		990	
991		992		993		994		995	
996		997		998		999		1000	

*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**

S32

TERMINATION WITHOUT FAULT MEDICAL REASONS

										005 SEQUENCE NUMBER <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 SALARY												
	105		110			111			120 121 122 123			124 125		130 135		140																
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EMPHOL																							
	205		210 MM/YY			215			351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400																							
3 TO:	305 ACTUAL DATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT OFF		SPECIAL PAY		WING		PAY LETTER #		PAY LETTER EXPIRATION DATE					
	310		315		320		325		330 MM/YY		335		340		345		350		355		360		365		370		375					
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		SEI		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/RED BENEFITS		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		CODE		JOB INCURRED INJURY DATE		HYC TO EX DATE			
	505		510		515		520		525		530		535		540		545		550		555		560		565		570		575		580	
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		FRED 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		640		645		650		655		660		665		670	
7 TO:	TOTAL STATE SERVICE		HOURS		AS OF		INTERMITTENT DATES AND HOURS		THRU		SERVICE PAY PERIOD		REPLACEMENT LIST CLASS		LUMP SUM		REPLACEMENT LIST CLASS		LUMP SUM		REPLACEMENT LIST CLASS		LUMP SUM		REPLACEMENT LIST CLASS		LUMP SUM		REPLACEMENT LIST CLASS		LUMP SUM	
	705		710		715		720		725		730		735		740		745		750		755		760		765		770		775		780	

- 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.)

2 - S32

SEPARATION TRANSACTION CODE S32

S33

TERMINATION WITHOUT FAULT DISPLACEMENT

										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	APPROV. DATE
	105	110	111	120	121	122	123	124	125	130	135	140	145 MM/YY
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS						
	205	(11)	(12)	210 MM/DD/YY	215		261						
3 TO:	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 #
	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
	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 INJURED INJURY 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	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FRIED MAINTENANCE FIRST/FINAL DED
	600	605 MM/YY	606 DAS HOURS	607 DAS HOURS	615	620 DAS HOURS	625 DAS HOURS	630	635	636	645	655	MONTHLY DED.
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	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
2 TO:	TRANSACTION CODE (1) 205 (2) 206	EFFECTIVE DATE AND HOURS 210 MM/DD/YY	EMPLOYMENT HISTORY REMARKS 215
3 TO:	305 ACTUAL RATE 310	SALARY PER 315	PAY FREQ. 320
4 TO:	TIME BASE 405	APPT. TENURE 410	# MOS. 415
5 TO:	ACCOUNT CODE 505	SAFETY MEMBER 515	SURVIVORS BENEFITS 520
6 TO:	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HOURS
7 TO:	TOTAL STATE SERVICE 705	INTERMITTENT DATES AND HOURS 710 MM DD YY THRU MM DD YY	SERVICE PAY PERIOD 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:

857 - Emergency Qualifying 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 - S40

SEPARATION TRANSACTION CODE S40

S41

TERMINATION DISMISSAL *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		ANNV DATE													
105		110			111			120 121 122 123		124 125		126 127		130 135		140		145 MONTH													
2 TO: (1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																							
205		210 MM/DD/YY			215			351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370																							
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					
308 TOTAL SALARY		310		315		320		325		330 MM/YY		335		340		345		350		355		358									
4 TO: TIME BASE		APPT TENURE		# MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT. #		TYPE OF LIST OR EXMIT STAT		PROBATIONARY PERIOD CODE		ENDING DATE		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/MED MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		DATH NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY DATE		WCTD/EL 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 MAILED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		LUMP SUM		SEPARATION EXPIRATION DATE		HOURS		FRIED MAINTENANCE FIRST/FINAL DED		MONTHLY DED.							
603		605 MM/YY		608 DAS		610H		615		620 DAS		625 DAS		630		635		645		655											
7 TO: TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LOA MO		REEMPLOY LIST ELID																					
703		710 MM DD YY		715 MM DD YY		720		725		730		735		740		745		750		755		760		765							

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

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

- ☒ **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:

- | | |
|--|--|
| 874 - Punitive Action and Rejection
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 - 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	
105		110		111		120 121 122 123		124 125 126 127 128 129	
2 TO: (1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS			
205		210 MM/DD/YY		215		251 252 253 254 255 256 257 258 259 260			
3 TO: 305 ACTUAL DATE		SALARY PER		PAY FREQ.		BASED ON SALARY		PLUS SALARY	
310		315		320		325		330 MM/YY	
4 TO: TIME BASE		APPT TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		HOURS	
405		410		415		420		425	
5 TO: ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED MEMBER		RETIREMENT RATE (%)	
505		510		515		520		525	
6 TO: REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY AMOUNT	
603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		608	
7 TO: TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	
705		706		710 MM/DD/YY		715 MM/YY		720 725	

*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)

952 - Case No. and Date of Action

960 - Corrected Transaction
Identifier

999 - Deduction Information

LINE

10

REMARKS AND BACKUP INFORMATION:

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

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

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	CB ID	COUNTY CODE	BIRTH DATE	ANNV DATE			
	105	110	111	120	121	122	123	124	125	130	135	140	145 MM/YY			
2 TO:	(3) TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS									
	(1) (2)		* 2				IND ID IND ID IND ID IND ID IND ID									
3 TO:	205	210 MM/DD/YY	215		215		351 352 353 354 355 356 357 358 359 360									
	205	210	215	215	215	215	215	215	215	215	215	215	215			
4 TO:	305 ACTUAL DATE	310 SALARY PER	315 PAY FREQ	320 BASED ON SALARY	325 PLUS SALARY	330 EXPIRATION DATE OF PLUS SALARY	335 ANNIVERSARY DATE	340 ALTERNATE RANGE	345 PAYROLL STATUS	350 SHIFT DFF	355 SPECIAL PAY	360 WWG	365 PAY LETTER #	370 PAY LETTER EXPIRATION DATE		
	305	310	315	320	325	330	335	340	345	350	355	360	365	370		
5 TO:	405 TIME BASE	410 APPT. TENURE	415 # MOS.	420 APPOINTMENT EXPIRATION DATE	425 HOURS	430 CERT. #	435 TYPE OF LIST OR EXMT STAT	440 PROBATIONARY PERIOD CODE	445 ENDING DATE	450 MCR APPROVAL CODE	455 FORM	460 DATE	465 SEX	470 ETHNIC ORIGIN	475 PRIOR STATE SERVICE	480 DISABILITY CODE
	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480
6 TO:	505 ACCOUNT CODE	510 SAFETY MEMBER	515 SURVIVORS BENEFITS	520 BASIC MEMBER	525 RETIREMENT RATE (IN)	530 EXEMPT AUTHORITY	535 OATH	540 NON-CITIZEN	545 MEDICAL CLEARANCE	550 FINGERPRINT	555 PROFESSIONAL LICENSE TYPE	560 EXPIRATION DATE	565 JOB INCURRED INJURY CODE	570 INJURY DATE	575 WC/DOL DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	
7 TO:	603 REASON FOR SEPARATION	605 PAY PERIOD	610 TIME TO BE PAID (NEW)	615 TIME TO BE PAID (OLD)	620 PAY NAMED	625 LUMP SUM TO BE PAID	630 LUMP SUM EXTRA HOURS	635 LUMP SUM PAYMENT CODE	640 UNIT	645 SERIAL	650 SEPARATION EXPIRATION DATE	655 HOURS	660 FRIED MAINTENANCE FIRST/FINAL DED	665 MONTHLY DED.		
	603	605	610	615	620	625	630	635	640	645	650	655	660	665		
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST BUG		REEMPLOY LIST BUG		REEMPLOY LIST BUG			
	705		710		715		720		725		730		735			

*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)



3.233 (Rev. 11/05)

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		MARRIAGE DATE	
105		110				111				120 121 122 123		124 126		130 135		140		145 146 147			
2 TO: (1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS				EMPLOYMENT HISTORY REMARKS				NO		ID		NO		ID		NO		ID	
205		210 MM/DD/YY				215				351								352			
3 TO: 300 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	
310		315		320		325				330 MM/YY		335		340		345		350		355	
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	
405		410		415		416		425		426		430		435		440		445		450	
5 TO: ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		DASD MEMBER		RETIREMENT PATH (N)		EXEMPT AUTHORITY		OATH		NON-CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE	
505		510		515		520		525		535		540		545		550		555		560	
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		UNIT		SERIAL		SEPARATION EXPIRATION DATE	
603		605 MM/YY		606 DAS HOURS		607 DAS HOURS		615		620 DAS HOURS		625 DAS HOURS		630		635		636		645	
7 TO: TOTAL STATE SERVICE		MOS.		HOURS		AS OF		1) THRU		HRS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS		REEMPLOY LIST CLASS	
705		710		715		720		725		730		735		740		745		750		755	

*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)



8 - 9

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

10

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

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		ADDRESS			
105		110		115		120		121		122		123		124		125			
2 TO: TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMPLOYER		NO		ID		NO		ID		NO			
205		210		215		220		221		222		223		224		225			
3 TO: 208 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS			
305		310		315		320		325		330		335		340		345			
4 TO: TIME BASE		APP TENURE		# MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXEMPT STAT		PROBATIONARY PERIOD CODE		ENDING DATE			
405		410		415		420		425		430		435		440		445			
5 TO: ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		OASDI MEMBER		RETIREMENT RATE (%)		EXEMPT AUTHORITY		DATA		NON-CITIZEN		MEDICAL CLEARANCE			
505		510		515		520		525		530		535		540		545			
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		SEPARATION EXPIRATION DATE			
605		610		615		620		625		630		635		640		645			
7 TO: TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LDA NO.		REEMPLOY LIST ELIG		DATE		HOURS		MONTHLY DED			
705		710		715		720		725		730		735		740		745			

*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	ANNV 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	NO	NO	NO	NO	NO	NO																	
3 TO:	305	ACTUAL RATE	310	SALARY PER	315	PAY FREQ.	320	BASED ON SALARY	325	PLUS SALARY	330	EXPIRATION DATE OF PLUS SALARY	335	ANNIVERSARY DATE	340	ALTERNATE RANGE	345	PAYROLL STATUS	350	SPECIAL PAY	355	WWG	360	PAY LETTER #	365	PAY LETTER EXPIRATION DATE				
4 TO:	405	TIME BASE	410	APPT. TENURE	415	# MOS.	420	APPOINTMENT EXPIRATION DATE	425	CERT. #	430	TYPE OF LST OR EXMT STAT	435	PROBATIONARY PERIOD CODE	440	ENDING DATE	445	MCR APPROVAL CODE	450	FORM	455	DATE	460	SEX	465	ETHNIC ORIGIN	470	PRIOR STATE SERVICE	475	DISABILITY CODE
5 TO:	505	ACCOUNT CODE	510	SAFETY MEMBER	515	SURVIVORS BENEFITS	520	SS/MED MEMBER	525	RETIREMENT RATE (%)	530	EXEMPT AUTHORITY	535	OATH	540	NON-CITIZEN	545	MEDICAL CLEARANCE	550	FINGERPRINT	555	PROFESSIONAL LICENSE TYPE	560	EXPIRATION DATE	565	JOB INCURRED INJURY DATE	570	WCTD/OL DATE		
6 TO:	605	REASON FOR SEPARATION	610	PAY PERIOD	615	TIME TO BE PAID (NEW)	620	TIME TO BE PAID (OLD)	625	PAY AMTD.	630	LUMP SUM TO BE PAID	635	LUMP SUM EXTRA HOURS	640	LUMP SUM PAYMENT CODE	645	LUMP SUM UNIT	650	LUMP SUM SERIAL	655	SEPARATION EXPIRATION DATE	660	HOURS	665	FIXED MAINTENANCE FIRST/FINAL DED	670	MONTHLY DED.		
7 TO:	705	MOS.	710	HOURS	715	AS OF	720	INTERMITTENT DATES AND HOURS	725	SERVICE PAY PERIOD	730	REEMPLOYMENT LIST CLASS	735	REEMPLOY LIST ELIG	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)



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.

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		CB ID		COUNTY CODE		BIRTH DATE		ANNIV DATE		
2 TO:	131 TRANSACTION CODE		110		111		120 AGENCY UNIT CLASS SERIAL		124		126		130 135		140		145		
3 TO:	205		210		215		220		225		230		235		240		245		
4 TO:	405		410		415		420		425		430		435		440		445		
5 TO:	505		510		515		520		525		530		535		540		545		
6 TO:	605		610		615		620		625		630		635		640		645		
7 TO:	705		710		715		720		725		730		735		740		745		

*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)

0332c42

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.)

PAM

3.242 (Rev. 05/88)

S55

LEAVE OF ABSENCE * SPECIAL

808 SEQUENCE NUMBER										810 DOCUMENT PROCESSING NUMBER									
1 TO										2 TO									
3 TO										4 TO									
5 TO										6 TO									
7 TO										8 TO									

- * 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)

0332c44



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 CODE 000

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		OF	
010 DOCUMENT PROCESSING NUMBER			

1 TO:	SOCIAL SECURITY #	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	AGENCY	UNIT	CLASS	SERIAL	DEPT CODE	CS ID	COUNTRY CODE	BIRTH DATE			
2 TO:	(1) TRANSACTION CODE	(4) EFFECTIVE DATE AND HOUR	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS										
3 TO:	(1) SALARY PER	(2) PAY FREQ.	210 BASED ON SALARY	215 PLUS SALARY	215 EXPIRATION DATE OF PLUS SALARY	215 ANNIVERSARY DATE	215 ALTERNATE RANGE	215 PAYROLL STATUS	215 SHIFT DFF.	215 SPECIAL PAY	215 WWG	215 PAY LETTER #	215 PAY LETTER EXPIRATION DATE	
4 TO:	TIME BASE	APPT. TENURE	# MOS.	APPOINTMENT EXPIRATION DATE	CERT. #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	EXONG DATE	CODE	FORM	DATE	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE
5 TO:	ACCOUNT CODE	SAFETY	SURVIVORS BENEFITS	EXEMPT AUTHORITY	DATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	JOB INCURRED INJURY DATE	WCTD/OL DATE	
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	LUMP SUM	UNIT	SERIAL	SEPARATION EXPIRATION DATE	FIXED MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST CLASS	REEMPLOY LIST CLASS	

*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)

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 - S56

SEPARATION TRANSACTION CODE S56

3.246 (Rev. 05/02)

1. TEMPORARILY OFF PAYROLL PENDING
INVESTIGATION OF INJURY OR ILLNESS * 1 OR

2. INVOLUNTARY LEAVE PENDING DISABILITY
RETIREMENT

*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).

C:\WORD97\PAM\3.200\48

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



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	CB ID	COUNTY CODE	BIRTH DATE	Assess. DATE											
	105	110	111	120 121 122 123	124	126	130 135	140	145 150/YY											
2 TO:	(1) TRANSACTION CODE	(2) EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS	ESTABLISHED EARNINGS																
	111 (2)	*1	*1	NO I O I NO I O I NO I O I NO I O																
3 TO:	S35 ACTUAL RATE	SALARY PER	PAY PERIOD	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								
4 TO:	TIME BASE	APPT TENURE	# MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXMT STAT	PROBATIONARY PERIOD CODE	ENDING DATE	MCRA 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 MEDICIN	SURVIVORS BENEFITS	SS/RED MEDICIN	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY	ILLARY DATE	WC/DL/EX DATE					
	505	510	515	520	525	530	535	540	545	550	555	560	565							
6 TO:	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY PERIOD	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							
	603	605 MM/YY	606 DAS	HOURS	HOH	607 DAS	HOURS	HOH	615	620 DAS	HOURS	HOH	625 DAS	HOURS	HOH	630	635	636	645	655
7 TO:	TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LOSS NO.		REEMPLOY LIST ELG							
	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800

*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	958 - Separation Time To Be Paid Substantiation
877* - Lump Sum Payment Deferral	960 - Corrected Transaction Identifier
888 - Sick Leave At Retirement (REQUIRED)	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 S70

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 # 105	EMPLOYEE LAST NAME 110
FIRST NAME AND MIDDLE INITIAL 111	
POSITION NUMBER 120	
AGENCY UNIT CLASS SERIAL 121 122 123	
DEPT CODE 124	
CB ID 125	
COUNTY CODE 130	
BIRTH DATE 140	
2 TO: (3) TRANSACTION CODE (1) 205	
EFFECTIVE DATE AND HOURS 210 MM/DD/YY	
EMPLOYMENT HISTORY REMARKS 215	
ESTABLISHED EARNINGS 351	
3 TO: 300 ACTION DATE 301 TOTAL SALARY 310	
SALARY PER 315	
PAY FREQ. 320	
BASED ON SALARY 325	
PLUS SALARY 330 MM/YY	
EXPIRATION DATE OF PLUS SALARY 335	
ANNIVERSARY DATE 340	
ALTERNATE RANGE 345	
PAYROLL STATUS 350	
SHIFT OFF. 355	
SPECIAL PAY 356	
WWG 357	
PAY LETTER # 358	
PAY LETTER EXPIRATION DATE 359	
4 TO: TIME BASE 405	
APPT TENURE 410	
# MOS. 415	
APPOINTMENT EXPIRATION DATE 416	
HOURS 425	
CERT. # 426	
TYPE OF LIST OR EXMT STAT 430	
PROBATIONARY PERIOD CODE 435	
ENDING DATE 440	
MCR APPROVAL CODE 445	
FORM DATE 450	
SEX 455	
ETHNIC ORIGIN 460	
PRIOR STATE SERVICE 465	
DISABILITY CODE 470	
5 TO: ACCOUNT CODE 505	
SAFETY MEMBER 510	
SURVIVORS BENEFITS 515	
SS/MED MEMBER 520	
RETIREMENT RATE (%) 525	
EXEMPT AUTHORITY 530	
OATH NON-CITIZEN 535	
MEDICAL CLEARANCE 540	
FINGERPRINT 545	
PROFESSIONAL LICENSE TYPE 550	
EXPIRATION DATE 555	
JOB INCURRED INJURY INJURY DATE 560	
WCTD/IDL DATE 565	
6 TO: REASON FOR SEPARATION 603	
PAY PERIOD 605 MM/YY	
TIME TO BE PAID (NEW) 606 DAS	
HOURS 607	
TIME TO BE PAID (OLD) 608 DAS	
HOURS 609	
PAY NAMED 610	
LUMP SUM TO BE PAID 615	
LUMP SUM EXTRA HOURS 620 DAS	
HOURS 621	
LUMP SUM PAYMENT CODE 625 DAS	
HOURS 626	
LUMP SUM UNIT 630	
SERIAL 635	
SEPARATION EXPIRATION DATE 640	
HOURS 645	
FIXED MAINTENANCE FIRST/FINAL DED 650	
MONTHLY DED 655	
7 TO: TOTAL STATE SERVICE 705	
MOS 710	
HOURS 715	
AS OF 720	
INTERMITTENT DATES AND HOURS 725	
SERVICE PAY PERIOD 730	
REEMPLOYMENT LIST CLASS 735	
REEMPLOY LIST ELIG 740	
745	

*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 | 960 - Corrected Transaction Identifier |
| 877* - Lump Sum Payment Deferral | 962 - Separation Pay At Alternate Salary Rate |
| 888 - Sick Leave At Retirement (REQUIRED) | 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 S71



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	APPOINTMENT 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						
	(11)	(21)	210 MM/YY	215	351		352						
3 TO:	310	315	320	325	330 MM/YY	335	340	345	350	355	356	357	
	SALARY PER		PAY PERIOD	BASIS ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIP OFF	SPECIAL PAY	WVG	PAY LETTER #
	310		315	320	325	330 MM/YY	335	340	345	350	355	356	357
4 TO:	405	410	415	416	425	426	430	435	436	440	445	450	455
	ACCOUNT CODE	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
	505	510	515	520	525	530	535	540	545	550	555	560	565
5 TO:	505	510	515	520	525	530	535	540	545	550	555	560	565
	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	FIRE MAINTENANCE FIRST/FINAL DED
	603	605 MM/YY	606 DAS	HOURS	HOTH	607 DAS	HOURS	HOTH	615	620 DAS	HOURS	HOTH	625 DAS
6 TO:	603	605 MM/YY	606 DAS	HOURS	HOTH	607 DAS	HOURS	HOTH	615	620 DAS	HOURS	HOTH	625 DAS
	TOTAL STATE SERVICE		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOY LIST ELIG		
7 TO:	705	710	715	720	725	730	735	740	745	750	755	760	765
	1) THRU	2) THRU	3) THRU	715 MM/YY	720	725	730	735	740	745	750	755	760

*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



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		POSITION NUMBER		DEPT CODE		CB ID		COUNTY CODE		BIRTH DATE		ADVERSE DATE															
2 TO:	(3) TRANSACTION CODE		(4) EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EARNINGS		NO		ID		NO		ID		NO		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					
4 TO:	TIME BASE		APPT TENURE		# MOS.		APPOINTMENT EXPIRATION DATE		HOURS		CERT. #		TYPE OF LIST OR EXAM STAT		PROBATIONARY PERIOD CODE		ENDING DATE		MOR 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		CODE		JOB INCURRED INJURY DATE		WCTD/EL DATE			
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 FIRST/FINAL DED		MONTHLY DED.					
7 TO:	TOTAL STATE SERVICE		MOS		HOURS		AS OF		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LDA NO.		REEMPLOY LIST ELIG		725		730		735		740		745		750			

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

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		DEPT CODE	CR ID	COUNTY CODE	BIRTH DATE														
2 TO:	(1) TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																			
3 TO:	205		210 MM/DD/YY			215			351																			
4 TO:	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNIVERSARY DATE		ALTERNATE RANGE		PAYROLL STATUS		S-PT DIFF		SPECIAL PAY		WAGE		PAY LETTER #		PAY LETTER EXPIRATION DATE	
5 TO:	405		410		415		416		425		426		430		435		440		445		450		455					
6 TO:	505		510		515		520		525		530		535		540		545		550		555		560		565		570	
7 TO:	605		610		615		620		625		630		635		640		645		650		655		660		665		670	
TOTAL STATE SERVICE 1) THRU 2) THRU 3) THRU 710 MM DD YY MM DD YY																												

*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 | 958 - Separation Time To Be Paid Substantiation |
| 872 - Salary Increase Certification | 960 - Corrected Transaction Identifier |
| 874 - Adverse Action and Rejection Substantiation (REQUIRED) | 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.

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

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			POSITION NUMBER		AGENCY		UNIT		CLASS		SERIAL		DEPT CODE		CB ID		COUNTY CODE		BIRTH DATE		FAMILY NAME					
105		110			111			120		121		122		123		124		125		126		130		135		140					
2 TO: (1) TRANSACTION CODE		(4)		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS			ESTABLISHED EARNINGS																					
205				210 MM/DD/YY			215			351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000																					
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		360		365		370		375					
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		420		425		430		435		440		445		450		455		460		465		470		475			
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		WCOT/DL 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 BASED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HOURS		LUMP SUM PAYMENT CODE		UNIT		SERIAL		DATE		HOURS		SEPARATION EXPIRATION DATE		FIXED MAINTENANCE FIRST/FINAL DED		MONTHLY DED.			
603		605 MM/YY		606 DAS		607 HOURS		608 HOURS		609 HOURS		610 HOURS		611 HOURS		612 HOURS		613 HOURS		614 HOURS		615 HOURS		616 HOURS		617 HOURS		618 HOURS			
7 TO: TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		LUMP SUM		REEMPLOY LIST EUG		LUMP SUM		REEMPLOY LIST EUG		LUMP SUM		REEMPLOY LIST EUG		LUMP SUM		REEMPLOY LIST EUG		LUMP SUM		REEMPLOY LIST EUG		LUMP SUM			
705		710 MM/DD/YY		715 MM/YY		720		725		730		735		740		745		750		755		760		765		770		775			

*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

S99**CANCELLATION OF APPOINTMENT *1**

										005 SEQUENCE NUMBER <u>00</u> OF <u>00</u>				
										010 DOCUMENT PROCESSING NUMBER <u>00</u>				
1 TO:	SOCIAL SECURITY #		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL		POSITION NUMBER		DEPT CODE	CN ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	APPOV. DATE
	105	110	111	120	121	122	123	124	125	130	135	140	145	150
2 TO:	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS		ESTABLISHED EMP-435							
	171	172	*2		215		361							
3 TO:	325 ACTUAL DATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNIVERSARY DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT OFF.	SPECIAL PAY	WWS	PAY LETTER #	PAY LETTER EXPIRATION DATE
	310	315	320	325	330 MM/YY	335	340	345	350	355	360	365	370	375
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	SEX	ETHNIC ORIGIN	PRIOR STATE SERVICE
	405	410	415	416	425	426	430	435	435	440	445	450	455	460
5 TO:	ACCOUNT CODE	SALARY MEMBER	SURVIVORS BENEFITS	SS/HOLD	RECORDS	EXEMPT AUTHORITY	DATH	NON-CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	CODE	JOB INJURED INJURY DATE
	505	510	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 PAID	LUMP SUM TO BE PAID	LUMP SUM EXTRA HOURS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIXED MAINT/ FIRST/FINAL	MONTHLY DED
	603	605 MM/YY	606 DAS	607 DAS	615	620 DAS	625 DAS	630	635	638	645	655	660	665
7 TO:	TOTAL STATE SERVICE		INTERMITTENT DATES AND HOURS		SERVICE PAY PERIOD		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST CLASS	
	705	710 MM	715 MM	720 MM	725 MM/YY	730	735	740	745	750	755	760	765	770

=**REQUIRED**
(MUST be completed)**O****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)***1.** The S99 Transaction is used to cancel an employees ONLY appointment to the data base or ONLY appointment to an additional position when:

- a. the employee did not report to work; or
- b. the employee was erroneously appointed.

NOTE: S99 is not used for an incorrect effective date (Refer to PAM 10.14 – 10.14.1 for voiding only appointment in history because effective date of appointment should be posted with an earlier or later effective date).S99 is not used when social security number is keyed incorrectly (Refer to Pam 3.104 and 10.9 when error is discovered on the social security number).

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

2** This transaction must be effective the same date and hour(s) as the appointment being cancelled. If the appointment effective date "Hours" box is blank, "BOB" must be entered.3** Entry must be "NON".

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