STATE OF CALIFORNIA

PAYROLL ROSTER CHANGE--CHANGE IN ESTABLISHED POSITIONS

STD. 607A (REV. 12-93)

ROUTING

3. (a) Fiscal Year

3. (b) Document No.

1. ROUTE TO:

☐ Controller's Division of Disbursements.

☐ Other *(specify)*

2. Type of Transaction

☐ PROPOSED NEW POSITION ☐ EXTENSION OF PRESENT POSITION ☐ RECLASSIFICATION OF POSITION ☐ ENCUMBRANCE INCREASE ☐ ABOLISHMENT OF POSITION ☐ DISENCUMBRANCE ☐ OTHER (DESCRIBE IN ITEM 10)

ADDITION TO ROSTER			**DELETION FROM ROSTER**		
4. (a) Effective Date	4. (b) Expiration Date		7. (a) Effective Date	7. (b) Expiration Date	
5. (a) Department and Organization Unit		**(CODE NO.)**	8. (a) Department and Organization Unit		**(CODE NO.)**
5. (b) Reporting Unit or Function			8. (b) Reporting Unit or Function		
5. (c) Class Title			8. (c) Class Title		
5. (d) Number of Positions	5. (e) Position Serial Number(s) *(use code col.)*		8. (d) Number of Positions	8. (e) Position Serial	
5. (f) Type of Position *(show code no. as indicated)* Civil Service---1 Exempt---4 Statutory----7			8. (f) Type of Position *(show code no. as indicated)* Civil Service---1 Exempt---4 Statutory----7		
6. (a) Time Basis FULL-TIME ☐ PART-TIME FRACTION:_____ ☐ INTERMITTENT ☐ INDETERMINATE ☐			9. (a) Time Basis FULL-TIME ☐ PART-TIME FRACTION: ☐ INTERMITTENT ☐ INDETERMINATE ☐		
6. (b) Salary Rate $ per MONTH ☐ DAY ☐ HOUR ☐			9. (b) Salary Rate $ per MONTH ☐ DAY ☐ HOUR ☐		
			9. (d) Present Status ☐ VACANT ☐ FILLED EMPLOYEE'S STATUS CHANGED BY FORM DOC. NO.		

10. Description of Duties, Explanation of Necessity, Reason for Abolishment, etc. (Duties statement unnecessary if form STD. 613 previously submitted or attached)

11.	ENCUMBRANCE INCREASES			ENCUMBRANCE INCREASES		
FUNDING INFORMATION	PROGRAM / CATEGORY (CODE AND TITLE)		FUND TITLE	PROGRAM / CATEGORY (CODE AND TITLE)		FUND TITLE
	(OPTIONAL USE)			(OPTIONAL USE)		
	ITEM			ITEM		
UNENCUMBERED BALANCE:	BEFORE POSTING THIS TRANSACTION	AMOUNT OF ENCUMBRANCE	AFTER POSTING THIS TRANSACTION	BEFORE POSTING THIS TRANSACTION	AMOUNT OF ENCUMBRANCE	AFTER POSTING THIS TRANSACTION
FIRST QUARTER						
SECOND QUARTER						
THIRD QUARTER						
FOURTH QUARTER						
TOTAL FOR FISCAL YEAR	0.00	0.00	0.00	0.00	0.00	0.00

I hereby certify, upon my own personal knowledge, that the unencumbered balances in the budget allotments as shown hereon are correct. (After attached TBA NO. .....)

SIGNATURE OF ACCOUNTING OFFICER

DATE

12. Certification For The Appointing Power

The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.

CONTACT PERSON (PRINT OR TYPE)

TELEPHONE NUMBER

SIGNATURE (FOR CERTIFICATION)

DATE

13. APPROVED: (DEPARTMENT OF FINANCE, BUDGET ANALYST)