CSU PERSONNEL/PAYROLL TRANSACTION

PLEASE TYPE OR PRINT CLEARLY — MAKE NO ENTRIES IN SHADED AREAS

EMPLOYEE IDENTIFICATION

A To

SOCIAL SECURITY NO.	EMPLOYEE'S LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DISABILITY VET STATUS	CB ID	OTHER POSI-TION	BIRTHDAY	Ethnic Origin	SEX
			Agency	Unit	Class	Serial						
105	110	111	123	120	121	122	125	126	135	140 MM/DD/YY	445	440

TRANSACTION INFORMATION

B To

TRANSACTIONS CODES 3) 4) 1) 2)	EFFECTIVE DATE & HOURS	DURATION OF APPOINTMENT	EXPIRATION DATE OF APPOINTMENT	ACADEMIC DAYS Worked / Not Worked	EMPLOYMENT HISTORY REMARKS
205	210 MM/DD/YY	415	416 MM/DD/YY	225	215

SALARY INFORMATION / NONROSTER, SPECIAL PAY INFORMATION

C To

TIMEBASE	SALARY BASED ON	ACTUAL SALARY RATE	SALARY PER	SALARY Range / Step	ANNIV. DATE	N) SERVICE PAY PERIOD Q)	PROBATION PERIOD Code / Ending Date	FLSA	BASE TIME WORKED A) B) DAYS HOURS TENTHS UNITS TENTHS	RATE $	AMOUNT DUE $ $
405	320	306	310	335 / 311	330 MM/YY	715 MM/YY / 430	MM/DD/YY	355	365		

RETIREMENT INFORMATION / PROFESSIONAL INFORMATION / INJURY/ ILLNESS INFORMATION

D To

ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	PROFESSIONAL LICENSE Type / Expiration Date	INJURY/ ILLNESS CODE	INJURY / ILLNESS DATE	PRIOR STATE SERVICE
505	515	520	525	530	560 MM/DD/YY	565	MM/DD/YY	450

SEPARATION AND ADDITIONAL PAY INFORMATION

E To

REASON FOR RESIGNATION	PAY PERIOD	TIME TO BE PAID (New Position)	TIME TO BE PAID (Old	PAY IMMED.	LUMP SUM TO BE PAID S) DAYS HOURS V) DAYS HOURS TENTHS E) DAYS HOURS HDTHS	LUMP SUM UNIT / SERIAL	LAST DAY PHYSICALLY WORKED	PAYROLL RETURN DATE
603	605 MM/YY	606 DAYS HOURS TENTHS	607 DAYS HOURS TENTHS	615	621	621 / 636	640 MM/DD/YY	645 MM/DD/YY

MANAGEMENT INFORMATION

F To

DEPT. CODE	SCHOOL CODE	MANAGEMENT DATA ELEMENT NO.1	MANAGEMENT DATA ELEMENT NO.2	MANAGEMENT DATA ELEMENT NO.3	WORK LOCATION	DEGREE INFORMATION Institution / Level / Year	RECRUITMENT LOCATION Type / F.I.C.E. Code	SABBATICAL LEAVE ELIGIBILITY DATE	TERMINATION DESTINATION Type / F.I.C.E. Code	DETAIL TRAN CODE
702	703	704A	704B	718	711	712 YY	714	716 MM/YY	717	719

EXCEPTION DATA

G 1

G 2

REMARKS:

SIGNATURE _____ DATE _____

NAME					**C S U** **EMPLOYEE** **RECORD**	ADDITION POSITION DATA	
						Position Number	Time Base
PRIOR LAST NAME						WORK LOCATION	
SOCIAL SECURITY NO.	BIRTHDATE	SEX	EMPLOYMENT DATE			RETIREMENT INFORMATION	ALIEN VISA STATUS

ADDITION POSITION DATA

Position Number	Time Base

TRANS CODE	EFFECTIVE DATE	POSITION NUMBER	CLASS TITLE AND RANGE	STEP	TIME BASE	SALARY BASED ON	ACTUAL SALARY	MSA DATA	EMPLOYMENT HISTORY REMARKS	CB ID

DOCUMENT IN PROCESS	CB ID:	PROB CODE:
NAME	EXPIRATION DATE	POSITION NUMBER AND TITLE
	MSA	