

PERSONNEL ACTION REQUEST

STD. 680A (REV. 03/2022)

| | |
|-----|----------------------------------|
| 005 | SEQUENCE NUMBER _____ OF _____ |
| 010 | DOCUMENT PROCESSING NUMBER _____ |

MAKE NO ENTRIES IN SHADED AREAS

1

| | | | | | | | | | | | | |
|-------------------------------|---------------------------|--------------------------------------|---------------|--------------------------------|--------------|---------------|------------------|-------------|--------------------|-----------------------|----------------------------|------------------|
| SOCIAL SECURITY NUMBER 105 | EMPLOYEE LAST NAME 110 | FIRST NAME AND MIDDLE INITIAL 111 | AGENCY 120 | POSITION NUMBER UNIT 121 | CLASS 122 | SERIAL 123 | DEPT CODE 126 | CBID 126 | COUNTY CODE 130 | OTHER POSITION 135 | BIRTH DATE 140 MM/DD/YY | OPEB CBID 142 |
|-------------------------------|---------------------------|--------------------------------------|---------------|--------------------------------|--------------|---------------|------------------|-------------|--------------------|-----------------------|----------------------------|------------------|

2

| | | | | | |
|-------------------------|--|-----------------------------------|------------|----|--|
| TRANSACTION CODE 205 | EFFECTIVE DATE AND HOURS DATE HOURS 210 MM/DD/YY | EMPLOYMENT HISTORY REMARKS 215 | IND 351 | ID | ESTABLISHED EARNINGS IND ID IND ID IND ID |
|-------------------------|--|-----------------------------------|------------|----|--|

3

| | | | | | | | | | | | | | | |
|-----------------|-------------------|------------------|------------------------|-----------------|--------------------|-----------------------------|--------------------------|------------------------|-----------------------|--------------------|--------------------|------------|---------------------|-----------------------------|
| 305 ACTUAL RATE | SALARY PER 310 | PAY FREQ. 315 | BASED ON SALARY 320 | GSI CODE 321 | PLUS SALARY 325 | EXPIRATION DATE MM/DD/YY | ANNIV. DATE 330 MM/YY | ALTERNATE RANGE 335 | PAYROLL STATUS 340 | SHIFT DIFF. 345 | SPECIAL PAY 350 | WWG 355 | PAY LETTER # 356 | EXPIRATION DATE MM/DD/YY |
|-----------------|-------------------|------------------|------------------------|-----------------|--------------------|-----------------------------|--------------------------|------------------------|-----------------------|--------------------|--------------------|------------|---------------------|-----------------------------|

4

| | | | | | | | | | | | |
|------------------|---------------------|--------------|----------------------|-------------------------------------|----------------|----------------------------------|---|--|------------|----------------------------|------------------------|
| TIME BASE 405 | APPT. TENURE 410 | # MOS 415 | DATE 416 MM/DD/YY | APPOINTMENT EXPIRATION HOURS 425 | CERT. # 426 | TYPE OF LIST OR EXMT STAT 430 | PROBATIONARY PERIOD CODE ENDING PERIOD MM/DD/YY | MCR APPROVAL CODE FORM DATE MM/DD/YY | SEX 440 | PRIOR STATE SERVICE 445 | DISABILITY CODE 450 |
|------------------|---------------------|--------------|----------------------|-------------------------------------|----------------|----------------------------------|---|--|------------|----------------------------|------------------------|

5

| | | | | | | | | | | |
|---------------------|----------------------|---------------------------|----------------------|----------------------------|-------------------------|-------------------------|--------------------------|--------------------|--|---|
| 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 EXPIRATION DATE MM/DD/YY | JOB INCURRED INJURY CODE INJURY DATE WCTD/IDL DATE MM/DD/YY |
|---------------------|----------------------|---------------------------|----------------------|----------------------------|-------------------------|-------------------------|--------------------------|--------------------|--|---|

6

| | | | | | | | | | | |
|------------------------------|-------------------------|---|---|-------------------|---|--|------------------------------|---------------------------------|-----------------------------------|---|
| REASON FOR SEPARATION 603 | PAY PERIOD 605 MM/YY | TIME TO BE PAID (NEW) 606 DAS HOURS HDTH | TIME TO BE PAID (OLD) 607 DAS HOURS HDTH | PAY IMMED. 615 | LUMP SUM TO BE PAID 620 DAS HOURS HDTH | LUMP SUM EXTRA HOURS 625 DAS HOURS HDTH | LUMP SUM PAYMENT CODE 630 | LUMP SUM UNIT SERIAL 635 636 | SEPARATION EXPIRATION DATE 645 | FIXED MAINTENANCE FIRST / FINAL DED. MONTHLY DED. |
|------------------------------|-------------------------|---|---|-------------------|---|--|------------------------------|---------------------------------|-----------------------------------|---|

7

| | | | | | |
|---|---|---------------------------------|--------------------------------|----------------------------|------------------------------------|
| TOTAL STATE SERVICE MONTHS HOURS AS OF 705 MM/DD/YY | INTERMITTENT DATES AND HOURS 1) _____ THRU _____ 2) _____ THRU _____ 3) _____ THRU _____ 710 MM/DD/YY MM/DD/YY HRS TNTH | SERVICE PAY PERIOD 715 MM/YY | REEMPLOYMENT LIST CLASS 720 | REEMPLOY LIST ELIG. 725 | MCP WAVE NUMBER 728 730 735 750 |
|---|---|---------------------------------|--------------------------------|----------------------------|------------------------------------|

8

| | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|
| 805 | 810 | 815 | 820 | 825 | 830 | 835 |
|-----|-----|-----|-----|-----|-----|-----|

9

| | | |
|-----|-----|--|
| 905 | 910 | |
|-----|-----|--|

10

| | | | |
|---|---------|-------------------|------------------|
| BACKUP INFORMATION <input type="checkbox"/> ON FILE FOR AUDIT <input type="checkbox"/> SUBSTANTIATION IN REMARKS OR SEE ATTACHED | REMARKS | KEYED BY INITIALS | DATE MM/DD/YY |
|---|---------|-------------------|------------------|

11

FOR THE APPOINTING POWER For Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster 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. Any oath required by Sections 18150 through 18158 of the Government Code has been taken and is on file in the employee's official file. Payment by the State when required under Sections 12470 through 12481, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.

CONCURRING APPOINTING POWER SIGNATURE(S)

| | | | |
|---------------|------|-------|--------------------|
| SIGNATURE | DATE | PHONE | CONTACT PERSON |
|---------------|------|-------|--------------------|