New Hire

Sutter County Personnel/Payroll Form (PPF) Transactions for Superion Finance

Please fill-in ALL light blue shaded boxes.

Personal Information:

Field	Value	Notes
Entity	Sutter County (Root)	
SSN		
Employee Number		(System Assigned)
Employee Type (Permanent, LT, EH and Exempt or Non-Exempt)		Sample: **New Permanent and Non-Exempt** or Extra Help and Non-Exempt, etc. (FLSA Exempt or Non-Exempt is based on the Job Title/Classification) **C1**
Last Name		
First Name		
Middle Initial		
Suffix		
Hire Date		
DOB (Date of Birth)		
Gender		
Race (Ethnic ID)		*List of Options: White (Not Hispanic), Black, Asian/Pacific Isld., Amer. Indian, Hispanic, East Indian, Other.* **C3**
Marital Status (S/M)		
Military Veteran? Y, N, UNKN		

Employee Address:

Field	Value		
MAILING Address (Street/P.O. Box)			
City			
State			
Zip Code			
Phone Number 1 and Ext.(if appl)		Phone 1 Type (ex. Cell, Home, Pager)	
Phone Number 2 and Ext.(if appl)		Phone 2 Type (ex. Cell, Home, Pager)	Complete Only If Applicable

(PPF Webform- Additional "Person" Tab Info)

FTE (Full-Time Equivalent) (ex. Full-time=1.0 or Part-time =.5, etc.)	1.0 or _____	Days Worked Per Yr: **260** is for most 40 hr/wk, or _____ for Fire (C4)	Pay Cycle: **Bi-Weekly**; Periods Worked & Paid Per Yr: 26	
	Calendar - **POSITIVE PAY, 9X80FRI1 or 9X80FRI2**	Barg Unit Code (Gen, Prof-Safety (S) or Prof-Non-Safety (NS), Sup-S or NS, Law-S or NS, Fire, EXTRA (ALL Extra Help), etc.) C6		

EE Mstr-Misc-Char 1

	Location Code (i.e. Specific **Budget Unit** Description Ex. Mental Health Svcs, Mental Health Svcs Act, Public Works-Road, Sheriff-Boat Patrol) C8	Department Code (4 digits - Prior Examples: **4102**, 4104, 3100, 2205) C9	Division Code (i.e. Program Code) (Ex. **103=Crisis Clinic**, 702=Urgent Svcs, 000=Departmental, etc.) C10	**"Area"** i.e. the Whole Dept. Name (ex. Mental Health is in Human Svcs) C11
Sample:	*BH*	*4102*	*103*	*Human Svcs*
Actual:				

Position/Pay Assignment:

Field	Value	Notes
Job Title of Position:		
Requires Board or CAO Approval? (Y/N)	No or _____	
If yes, Date of Approval	N/A or _____	
Pay Asgn/ Salary Change Reason Code	20 Hire Step 1 or ____	ex. **20 Hire-Step 1, 22 Hire-Advanced Step, 31 EH to Reg** (or see C12 list or HR will complete)
Assignment Status		**C13** (ex. 10 Perm, 20 Limited-Term, 30 Extra Help/Temp, Underfill)
Pay Class	Unit _____ Ex / Non-Exempt _____ Circle one if: 9/80 or 4/10 sched	Describe and HR will complete (This _combines_ Unit, Exempt/Non-Exempt and Positive Pay or Autopay and 9-80's) Ex. **GSP Non-Exempt** (i.e. Positive Pay), or **GSP Non-Exempt AUTOPAY**, or **GSP Non-Exempt 9-80**, or **Extra Help-EX or NE**, etc.) (See **C14**, this is an important code and must be correct! It affects pay and hours on their on-line timesheet, etc.)
PCN (Position Control Number - 8 digits Ex. **MHACLK12**)		If you do not have the code, provide a description of the flex or straight position, **"Mental Health Svcs-Account Clerk Flex I/II"** and HR will complete) C15
Position Code (10 digits Ex. **MHACLK1202**)		If you do not have the code, provide a description the level the position is filled at, **MH-Account Clerk II"** and HR will complete) C16
Begin Pay-Date (Date of Hire)		
End Pay-Date	12/31/2050	Default

PCN FTE (usually same as FTE entry ex. 1.0, .5)	**1.0 or _____ if less**	*Status:* **O** *, Freq:* **A;** *Period Type:* **B;** *Reg Rate:* **H;** *Ovride Sal:* **N;** *Ovrd Hr/Day/Perds :* √=**Y**
Index Key - i.e. Salary Range and Step (ex. GEN31 / 01)		Salary Range and Step of the Position/Job Classification, See the current list of Salaries by Job Classifications on the intra or internet on the HR Dept. Page.
Hourly Rate:	**$**	
Hours Per Day (typically 8)	**8 hrs/Day or _____ hrs/Day if other (Ex. Ex Help=1 hr, or Part-time)**	**Days Worked Per Yr**: **260** is for most 40 hr/wk, or _____ for Fire (**C4**)

Labor Funding Distribution (i.e. Position Funding Distribution - "Pay Dist" Tab):

	GL Org Key (Budget Unit = Full Department/Program Budget Unit Code - 6 digits) **C18**	GL Account (Reg or LT = 51010, if Extra Help = 51020 or if Sheriff Reserves = 51022) **C19**	Percent
Sample:	***410203***	***51010***	***100%***
Actual:			
		Total	(Must equal 100%)

Emergency Contact:

Primary Contact Name		
Relation		(ex. Spouse, Child, Parent, Friend, Other)
Street Address		
City		
State		
Zip Code		
Phone Number 1 and Ext.(if appl)		Phone 1 Type (ex. Cell, Home, Work)
Phone Number 2 and Ext.(if appl)		Phone 2 Type (ex. Cell, Home, Work)

Complete Only If Applicable

Special Pays:

Ex. Bilingual Pay, Resident Deputy, Jail Premium Pay, Educational Incentive, etc. **C20 list**	Type of Special Pay ("CDH")	Amount	Begin Date	End Date
				12/31/2050 (Default)
				12/31/2050 (Default)

Other/Comments:

Approved: _____

Department Head Signature   Date

_____

Employee Acknowledgement Signature   Date

Approved: _____

Human Resources Department   Date

Rev. July 24, 2018