New Hire

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

Please fill-in ALL light blue shaded boxes.

Personal Information:						
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		· ·	1			
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,				
Marital Status (S/M)	Other. C3					
Military Veteran? Y, N, UNKN		-				
Employee Address:						
MAILING Address (Street/P.O. Box)						
City						
State						
Zip Code						
Phone Number 1 and Ext.(if appl)		Phone 1 Type	e (ex. Cell, Home, Pager)			
Phone Number 2 and Ext.(if appl)		Phone 2 Type	e (ex. Cell, Home, Pager)	Complete Only If Applicable		
(PPF Webform- Additional "Person" Tab Info		Days Worked Per Yr:				
FTE (Full-Time Equivalent) (ex. Full-time=1.0 or Part-time=.5, etc.)	1.0 or	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				
		Department Code	Division Code (i.e. Program	"Area" i.e. the		
	Location Code (i.e. Specific <u>Budget Unit</u> Description Ex. Mental Health Svcs, Mental	(4 digits - Prior	Code) (Ex. 103=Crisis Clinic,	Whole Dept. Name (ex. Mental Health		
	Health Svcs Act, Public Works-Road, Sheriff-	Examples: 4102, 4104,	702=Urgent Svcs, 000=Departmental,	is in Human Svcs)		
Sample:	Boat Patrol) C8 BH	3100, 2205) C9 4102	etc.) C10	C11 Human Svcs		
Actual:	DII	4102	103	Human Svcs		
Position/Pay Assignment:						
Job Title of Position:	1					
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		lire-Advanced Step, 31 EH to Reg			
Assignment Status	20 Time Step 1 of	(or see C12 list or HR will complete) C13 (ex. 10 Perm, 20 Limited-Term, 30 Extra Help/Temp, Underfill)				
g	Unit	`	lete (This combines Unit, Exempt/Non-Exempt an			
Pay Class	Ex / Non-Exempt	Autopay and 9-80's) Ex. GSP Non-Exempt (i.e. Positive Pay), or GSP Non-Exempt AUTOPAY, or				
14, 21400	Circle one <u>if</u> : 9/80 <u>or</u> 4/10 sched	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 -		If you do not have the code, provide a description of the flex or straight position,				
8 digits Ex. MHACLK12) Position Code		"Mental Health Svcs-Account Clerk Flex I/II" and HR will complete) C15				
(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)		1	* / / / ·			
End Pay-Date	12/31/2050	Default				

PCN FTE		Status O Fuer A. Den	ind True . B. Dog Doto.	H. Ownida Cal. No	
(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		Salary Range and Step of the Position/Job Classification, See the current list of Salaries			
Step (ex. GEN31 / 01)		by Job Classifications on the intra or internet on the HR Dept. Page.			
Hourly Rate:	\$				
	8 hrs/Day or hrs/Day	Days Worked Per Yr:			
Hours Per Day (typically 8)	if other (Ex. Ex Help=1 hr, or Part-	260 is for most 40 hr/wk,			
	time)	or for Fire (C4)			
Labor Funding Distribution (i.e. Po	sition Funding Distribution - "Pay Di				
	GL Org Key (Budget Unit = Full	GL Account (Reg or LT = 51010, if Extra			
	Department/Program Budget Unit Code -	Help = 51020 or if Sheriff			
	6 digits) C18	Reserves = 51022) C19	Percent	1	
Sample:	410203	51010	100%		
Actual:					
		Total		(Must equal 100%)	
Emergency Contact:		10141		(1.1430 54444 10070)	
Primary Contact Name					
Relation		(ex. Spouse, Child, P.	arant Friand Other)		
		(ex. spouse, Child, P.	arent, Friend, Other)		
Street Address		4			
City					
State					
Zip Code					
Phone Number 1 and Ext.(if appl)		Phone 1 Type	e (ex. Cell, Home, Work)		
Phone Number 2 and Ext.(if appl)		Phone 2 Type	e (ex. Cell, Home, Work)	Complete Only If	
Special Pays:		I none 2 Type	(ca. cen, frome, work)	Applicable	
-	T (G : 1 D (HCDIII)	•	D 1 D 1	E 15	
Ex. Bilingual Pay, Resident	Type of Special Pay ("CDH")	Amount	Begin Date	End Date	
Deputy, Jail Premium Pay,				12/31/2050 (Default)	
Educational Incentive, etc. C20 list				12/31/2050 (Default)	
Other/Comments:					
Approved:		_			
	Department Head Signature		Date		
	Employee Asknowledgement Signe	-	Dete		
	Employee Acknowledgement Signa		Date		
Chemical/Drug Test Passed	Human Resources	Department Only		Performance- Fyal	
Chemical/Drug Test Passed (Future Applicant Tracking)	1 .	Department Only	Date Next Review Type and Status	Performance- Eval Tp, then St = IN	
(Future Applicant Tracking)	Human Resources Hire Pay Period EE Mstr-Misc Info-Char-Field 2	PP	Next Review Type and Status	Tp, then St = IN	
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(Future Applicant Tracking) Fingerprinting Passed (Future Applicant Tracking)	Human Resources Hire Pay Period EE Mstr-Misc Info-Char-Field 2 Next Step Pay Period EE Mstr-Misc Info-Char-Field 3	PP	Next Review Type and Status Next Review Date (Reminder auto-fills after Due DL)	Tp, then St = IN Perform-Due Dt and for Primary-Eval Dt	
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