

**Personnel Payroll Data Sheet (PPDS)**

***Complete this form in consultation with your assigned*** [***HR Business Partner***](file:///C%3A%5CUsers%5Ccaseyk179%5CDownloads%5C1%20Julie%20Schaffroth%20Resume%202023.docx)***. Send completed PPDS to*** ***SAA@des.wa.gov*** ***for processing.*** [***PPDS INSTRUCTIONS***](https://des.wa.gov/sites/default/files/2023-09/HR-Form-PPDS-instructions.docx)

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| 1. **ACTION**
 |
| **Agency Name:** or  | **Effective Date:**      *(If: LOA use 1st day on leave; separation use last day in pay status)* | **Recruitment #*:***        | **Offer Accepted Date:**       |
| [**Action Type**](https://des.wa.gov/sites/default/files/public/documents/HRPayroll/SmallAgencyServices/PPDS_ActionType-ReasonChart.docx):  | [**Action Reason**](https://des.wa.gov/sites/default/files/public/documents/HRPayroll/SmallAgencyServices/PPDS_ActionReasonDefinitions.docx)**:** **-or-**[**Separation Reason**](https://des.wa.gov/sites/default/files/public/documents/HRPayroll/SmallAgencyServices/PPDS_ActionReasonDefinitions.docx)**:**  |        |
|        |
| **TASK MONITORING:** | **Task:**   | **Task Date:**       | **Review Period:** [ ] YES [ ] NO ***If yes, length:***months |
| 1. **EMPLOYEE [ ]  No Change (employee name and personnel number still required)**
 |
| **Last Name:**       | **First Name:**       | **M/I:**       | **Personnel #:**     *(if no personnel #, call with SSN)* | **Prior State Service** [ ] YES [ ] NO  |
| **Permanent Address:**       | **City:**       | **State:**       | **Zip:**       |
| **Mailing Address (if different):**       | **City:**       | **State:**       | **Zip:**       |
| **Primary Phone:**       | **Alternate Phone:**        | **Alt PhoneType:**  |
| **Gender Designation for Health Insurance:** [ ] Male [ ]  Female | **Date of Birth:**       | **Work Email:**       |
| **This employee is new to the agency, and their completed** [**Employee Information Form**](https://des.wa.gov/sites/default/files/public/documents/HRPayroll/SmallAgencyServices/HR-FormEmployeeInformation.pdf?=daf71) **is attached.** [ ] YES [ ] NO [ ] N/A-Current Employee |
| 1. **POSITION & ORGANIZATIONAL ASSIGNMENT [ ]  No Change**
 |
| **Job Class Title:**       | [**Job Class Code**](https://ofm.wa.gov/state-human-resources/compensation-job-classes/ClassifiedJobListing)**:**       | **Working Title** *(if different than Job Class Title)***:**       |
| **8-Digit Position #:**       | **4-Digit Position #:**       | **Status in Position:**  | **Overtime Eligible** [ ] YES [ ] NO  |
| **L&I Code:**  | **Duty Station Address:**       | **Org Key** *(optional)***:**      |
| **MyPortal:**  | **Employee is a MyPortal leave approver:** [ ] YES [ ] NO | **Supervisor Name:**       | **Supervisor Position #:**       |
| 1. **BASIC PAY [ ]  No Change**
 |
| **Reason:** | **Salary: $**       **Per: [ ]** Year **[ ]** Month [ ] Day [ ] Hour | **Band/Range:**       | **Step:**       |
| **Eligible for Assignment Pay/Premium***Is a premium added to base salary to recognize specialized skills and assigned duties?* | [ ] YES [ ] NO **Type:**  | **Eligible for Shift Differential***Does employee’s regular or temporary scheduled work shift include hours after 6:00pm and before 6:00am?*  | [ ] YES [ ] NO |
| 1. **WORK SCHEDULE [ ]  No Change**
 |
| **Work Schedule:** **Other:**        | **Shift Hours:** Start Time:       ***am*** [ ]  ***pm*** [ ]   End Time:       ***am*** [ ]  ***pm*** [ ]  | [ ] Full Time (100%) [ ]  Part Time      **%** |
| **Teleworking:** *Indicate how often employee is participating.*  |
| 1. **BENEFITS [ ]  No Change**
 |
| **Insurance Eligible** *Is the employee expected to work an average of 80 hrs/month (at least 8 hrs/month) for more than 6 months?* | [ ] YES [ ] NO  | **Eligible for Personal Holiday***Is the employee scheduled to be, or has been, continuously employed 4 months?* | [ ] YES [ ] NO  |
| **Retirement Eligible***Note: Eligibility is based on the position.*Use the Retirement Eligibility Worksheet to make determination. | [ ] YES [ ] NO  | **Eligible for Personal Leave Day (Represented Only)***Is the employee scheduled to be or has been continuously employed for: WFSE: 4 months; Teamsters or Coalition: 6 months* | [ ] YES [ ] NO  |
| 1. **BUDGET [ ]  No Change**
 |
| **Percentage:**       | **Fund:**       | **Appropriation Index:**       | **Program Index:**       | **Project:**       |
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| 1. **ADDITIONAL INFORMATION**
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|  |
| 1. **AUTHORIZATION \*required\***
 |
| **Prepared By:** | **Date:** | **Approved By:** | **Date:** |

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| **HR/PAYROLL USE ONLY**  |
| **Corrected PPDS: [ ]  (see Additional Info)**  | **Representation/Union:** |   | **Change in Representation:** | [ ] YES [ ] NO |
| **Periodic Increment:** |       | **Letter Received:** | [ ] YES [ ] NO | **Eligible for Leave Accruals:** | [ ] YES [ ] NO [ ]  S/L Only  |
| **HRMS Processor:** |       | **Date HR Received:** |       | **Date HR Processed:** |       |
| **Sent to Payroll:** |       | **Processed by Payroll:** |       |

*Form Revision Date: 9.20.23*