

**Personnel Payroll Data Sheet (PPDS)**

***Complete this form in consultation with your assigned*** [***HR Business Partner***](file:///C:\Users\caseyk179\Downloads\1%20Julie%20Schaffroth%20Resume%202023.docx)***. Send completed PPDS to*** [***SAA@des.wa.gov***](mailto:saa@des.wa.gov) ***for processing.*** [***PPDS INSTRUCTIONS***](https://des.wa.gov/sites/default/files/2023-09/HR-Form-PPDS-instructions.docx)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.drs.wa.gov/wp-content/uploads/2021/07/positionEligibilityForm.pdf) 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:** | | | | | | |
| **Percentage:** | | | **Fund:** | | | | **Appropriation Index:** | | | | | | | | | | | **Program Index:** | | | | | | | | | | | **Project:** | | | | | | |
| **Percentage:** | | | **Fund:** | | | | **Appropriation Index:** | | | | | | | | | | | **Program Index:** | | | | | | | | | | | **Project:** | | | | | | |
| 1. **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **AUTHORIZATION \*required\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prepared By:** | | | | | | **Date:** | | | | | | | | | | | | **Approved By:** | | | | | | | | | | **Date:** | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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*