

## Personnel Payroll Data Sheet (PPDS)

### PPDS Instructions:

1. Your agency name
2. The effective date of the action; the first/last day the employee is in the status.
3. The action you are requesting (new hire, separation, etc.) If you need help identifying which action to use please contact your Human Resources consultant.
4. The type of action you are requesting (non perm, promotion, probation, trial service, etc.) If you need help identifying which action type to use please contact your Human Resources consultant.
5. Employee first name (must match social security card)
6. Employee last name (must match social security card)
7. Employee personal ID number (if they are a current state employee or rehire to state service.) If the employee is new to state service please enter their social security number in this field.
8. Employee gender
9. Employee date of birth
10. Employee marital status
11. Employee permanent address ( house number, street, apt #)
12. Employee permanent address (city)
13. Employee permanent address (state, zip)
14. Employee mailing address (if different than permanent address) (house number, street)
15. Employee mailing address (if different than permanent address) (city)
16. Employee mailing address (if different than permanent address) (state, zip)
17. Employee home telephone number
18. Employee alternant phone number (please indicate what type of phone this is; cell, work, etc)
19. Employee work email address (must have for ESS agencies)
20. Contract Type: the status of the employment.
21. Employee job title (HRMS classification/title)
22. Employee job class code: This is an optional field
23. Employee position number' please use the HRMS long number
24. Employee division/unit: What unit does this employee belong to
25. Employee group (perm, temp, seasonal, etc)
26. Employee subgroup: (OT exempt, OT elig, hourly. Monthly)
27. Additional Information: A place where you can add more detail if needed.
28. Org Unit: What organizational unit is this employee in. This is required for agencies who use ESS for leave.
29. Attendance Unit: What attendance unit is this employee in. This is an optional field
30. Org Key: This field is optional
31. Personnel sub-area: This field is optional
32. Race: Choose the employee's race from the drop down and indicate if they are Hispanic or not.
33. Veteran Status: Indicate if employee's vet status if they have one.
34. Basic Pay: Complete all fields in this section
  - a. Reason: The reason why the employees pay is changing
  - b. Pay Scale Type: What pay scale is the employee on. (non represented, WFSE, etc)
  - c. Salary: Employees new salary. Please indicate if the amount is the monthly amount, pay period amount, or hourly rate.
  - d. Range: The range the employee is on according to their job classification.
  - e. Step: The step in the range the employee is being paid at.
  - f. PID: Periodic Increment Date, next increase date
35. Work Schedule: Complete all fields in this section
  - a. Work Week: Days the employees work (Monday- Friday, Tuesday- Saturday, etc.)
  - b. Work Schedule: The drop down includes the most commonly used HRMS schedules, if there is not a match please indicate schedule in the comments field.
  - c. Full Time/ Part Time: Indicate if the employee is full time or part time. Definition of part time is anything less than 40 hours a week.
  - d. Employment Percent: If the employee is full time the percentage would be 100%, if the employee was hourly the percent would be 100%. If the employee is salary only working 32 hours a week the percent would be 80%.
36. L & I Code: What risk code does this employee fall under
37. Work Site: What County does the employee work in.
38. Represented Position: Is this a represented position or not. If yes, what union and bargaining unit do they belong to.
39. VEBA Elig: Does your agency participate in the VEBA program.
40. Prior State Service: Has this employee worked for the state in the past. (if yes your action should state rehire to state service)
41. Payroll questions. Please answer all of them
42. Supervisors Name: Indicate who the employee reports to. This is especially important for ESS agencies.
43. Supervisor's Position #: This is required for ESS agencies.
44. ESS Leave approver: This is person an approver in the ESS leave system. (ESS agencies only)
45. Budget Information: Please complete all fields that apply. If you have questions on your coding please work with your budget analyst.
46. Date Specification Screen: This is an optional section. End prob/trial service is required
47. Authorization: Please complete this section on every action.