

**SR81218**  
**Employee WOS Indicator to CPS Interface**

November 3, 2005

The Employee Level Without Salary Indicator (EDB 0778) should be added to the monthly CPS Interface File in position 408, as shown on the attached file layout.

**Attachment – CPS File Layout**

| <b>Corporate Personnel System (CPS) PPP711</b> |                           |  |                           |                 |
|--|---------------------------|--|---------------------------|-----------------|
| <b>Employee Record Layout</b>                  |                           |  |                           |                 |
| <b>Position</b>                                | <b>Length/<br/>Format</b> | <b>Field Description</b>                                     | <b>Data<br/>Element #</b> | <b>Comments</b> |
| 1 – 2  | 2                         | Location   |                           |                 |
| 3 – 11   | 9                         | Employee Identification<br>Number                            |                           |                 |
| 12 – 46  | 35                        | Employee Name  | EDB0105                   |                 |
| 47 – 76  | 30                        | Address Permanent Line One                                   | EDB0204                   |                 |
| 77 – 106                                       | 30                        | Address Permanent Line Two                                   | EDB0205                   |                 |
| 107-127  | 21                        | Address Permanent City                                       | EDB0206                   |                 |
| 128-129  | 2                         | Address Permanent State                                      | EDB0207                   |                 |
| 130-134  | 5                         | Address Permanent ZIP  | EDB0208                   |                 |
| 135-137  | 3<br>99V9                 | Number of Registered UC<br>Student Units                     | EDB0237                   |                 |
| 138  | 1                         | Senior Management<br>Severance Pay Exception<br>Indicator    | EDB0412                   |                 |
| 139  | 1                         | Senior Management<br>Severance Override<br>Contribution Rate | EDB0413                   |                 |
| 140  | 1                         | Home Address Disclosure<br>Indicator                         | EDB0211                   |                 |
| 141-149  | 9                         | Social Security Number                                       | EDB0111                   |                 |
| 150  | 1                         | Sex Code   | EDB0108                   |                 |
| 151-156  | 6<br>(yymmdd)             | Date of Birth  | EDB0107                   |                 |
| 157  | 1                         | Citizenship Status Code                                      | EDB0109                   |                 |
| 158-159  | 2                         | Ethnic Origin Code   | EDB0112                   |                 |
| 160  | 1                         | Retirement System Code                                       | EDB0122                   |                 |
| 161  | 1                         | FICA Eligibility Code  | EDB0120                   |                 |
| 162  | 1                         | Unemployment Insurance<br>Coverage Code                      | EDB0121                   |                 |
| 163  | 1                         | UC Student Status Code                                       | EDB0119                   |                 |
| 164-172  | 9                         | Previous ID Number   |                           |                 |
| 173-175  | 3                         | Prior Service Credit Months                                  | EDB0146                   |                 |
| 176-177  | 2                         | Filler   |                           |                 |
| 178-193  | 16                        | Organization Code  |                           |                 |
| 194  | 1                         | Position Type Code   |                           |                 |
| 195  | 1                         | Confidential Information<br>Code                             |                           |                 |
| 196-201  | 6<br>(yymmdd)             | Most Recent Hire Date  | EDB0113                   |                 |
| 202-205  | 4<br>(yymm)               | Next Salary Review   | EDB0136                   |                 |
| 206  | 1                         | Next Salary Review Type                                      | EDB0135                   |                 |
| 207  | 1                         | Employment Status Code                                       | EDB0144                   |                 |
| 208-209  | 2                         | Visa Type Code   | EDB0110                   |                 |

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**Employee Record Layout**

| <b>Position</b> | <b>Length/<br/>Format</b> | <b>Field Description</b>   | <b>Data<br/>Element #</b> | <b>Comments</b> |
|-----------------|---------------------------|--|---------------------------|-----------------|
| 210-213         | 4                         | Merit Percent  | EDB0153                   |                 |
| 214-219         | 6<br>(yymmdd)             | Separation Date  | EDB0140                   |                 |
| 220-221         | 2                         | Separation Reason Code   | EDB0141                   |                 |
| 222-227         | 6<br>(yymmdd)             | Leave of Absence Begin<br>Date                                   | EDB0137                   |                 |
| 228-233         | 6<br>(yymmdd)             | Leave of Absence Return<br>Date                                  | EDB0138                   |                 |
| 234-235         | 2                         | Leave of Absence Type Code                                       | EDB0139                   |                 |
| 236             | 1                         | DCP Plan Code  | EDB0129                   |                 |
| 237-240         | 4                         | Sick Leave Used  |                           | Zero Filled     |
| 241-245         | 5                         | Sick Leave Hours Balance<br>(Current)                            | EDB5186                   |                 |
| 246             | 1                         | Retirement/FICA Derivation<br>Indicator                          | EDB0238                   |                 |
| 247-249         | 3                         | Vacation Used  |                           | Zero Filled     |
| 250-252         | 3                         | Vacation Leave Hours<br>Balance (Current)                        | EDB5185                   |                 |
| 253-256         | 4                         | Vacation Lost  |                           | Zero Filled     |
| 257-259         | 3                         | Compensation Time Used   |                           | Zero Filled     |
| 260-263         | 4                         | Compensatory Time Hours<br>Balance (Current)                     | EDB5110                   |                 |
| 264-268         | 5                         | Overtime Paid  |                           | Zero Filled     |
| 269-273         | 5                         | Overtime Worked  |                           | Zero Filled     |
| 274-279         | 6                         | Overtime Hours Worked YTD  | EDB5103                   |                 |
| 280             | 1                         | Month Pay Indicator-January                                      | EDB0171                   |                 |
| 281             | 1                         | Month Pay Indicator-<br>February                                 | EDB0172                   |                 |
| 282             | 1                         | Month Pay Indicator-March  | EDB0173                   |                 |
| 283             | 1                         | Month Pay Indicator-April  | EDB0174                   |                 |
| 284             | 1                         | Month Pay Indicator-May  | EDB0175                   |                 |
| 285             | 1                         | Month Pay Indicator-June   | EDB0176                   |                 |
| 286             | 1                         | Month Pay Indicator-July   | EDB0177                   |                 |
| 287             | 1                         | Month Pay Indicator-August                                       | EDB0178                   |                 |
| 288             | 1                         | Month Pay Indicator-<br>September                                | EDB0179                   |                 |
| 289             | 1                         | Monthly Pay Indicator-<br>October                                | EDB0180                   |                 |
| 290             | 1                         | Monthly Pay Indicator-<br>November                               | EDB0181                   |                 |
| 291             | 1                         | Monthly Pay Indicator-<br>December                               | EDB0182                   |                 |
| 292-297         | 6<br>(yymmdd)             | Accidental Death and<br>Dismemberment Coverage<br>Effective Date | EDB0282                   |                 |
| 298             | 1                         | Accidental Death and   | EDB0281                   |                 |

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**Employee Record Layout**

| <b>Position</b> | <b>Length/<br/>Format</b> | <b>Field Description</b>                            | <b>Data<br/>Element #</b> | <b>Comments</b>            |
|-----------------|---------------------------|---|---------------------------|----------------------------|
|                 |                           | Dismemberment Coverage Code                         |                           |                            |
| 299-301         | 3                         | Accidental Death and Dismemberment Principal Sum    | EDB0280                   |                            |
| 302-307         | 6<br>(yymmdd)             | Dental Plan Coverage Effective Date                 | EDB0274                   |                            |
| 308-309         | 2                         | Filler  |                           |                            |
| 310-315         | 6<br>(yymmdd)             | Supplemental Life Insurance Coverage Effective Date | EDB0277                   |                            |
| 316             | 1                         | Supplemental Life Insurance Plan Code               | EDB0276                   |                            |
| 317-319         | 3                         | Supplemental Life Insurance Salary Base             | EDB0275                   |                            |
| 320             | 1                         | Dependent Life Insurance Plan Code                  | EDB0278                   |                            |
| 321-326         | 6<br>(yymmdd)             | Medical Plan Coverage Effective Date                | EDB0294                   |                            |
| 327-328         | 2                         | Medical Plan Code                                   | EDB0292                   |                            |
| 329             | 1                         | Department Location Indicator                       |                           | From Home Department Table |
| 330-332         | 3                         | Medical Plan Coverage Code                          | EDB0293                   |                            |
| 333-338         | 6<br>(yymmdd)             | Basic Life Insurance Effective Date                 | EDB0451                   |                            |
| 339-343         | 5                         | Filler  |                           |                            |
| 344-345         | 2                         | Primary BELI Status Qualification Code              | EDB0240                   |                            |
| 346-351         | 6<br>(yymmdd)             | Primary BELI Status Qualification Effective Date    | EDB0241                   |                            |
| 352-353         | 2                         | Secondary BELI Status Qualification Code            | EDB0242                   |                            |
| 354-359         | 6<br>(yymmdd)             | Secondary BELI Status Qualification Effective Date  | EDB0243                   |                            |
| 360             | 1                         | UC Paid Temporary Disability Insurance Code         | EDB0123                   |                            |
| 361-363         | 3                         | Medical Contribution Base – Current year            | EDB0289                   |                            |
| 364-366         | 3                         | Medical Contribution Base – Next Year               | EDB0290                   |                            |
| 367-368         | 2                         | START Reduction Percentage                          | EDB0495                   |                            |
| 369             | 1                         | War/Campaign/Expedition Veteran Status Code         | EDB0345                   |                            |
| 370             | 1                         | Vietnam Era Veteran Status Code                     | EDB0350                   |                            |
| 371             | 1                         | Veteran Disability Status Code                      | EDB0351                   |                            |

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|-----------------|---------------------------|---|---------------------------|-----------------|
| 372             | 1                         | Handicapped Status Code                             | EDB0352                   |                 |
| 373             | 1                         | Insurance Reduction Code                            | EDB0299                   |                 |
| 374-375         | 2                         | Employee Unit Code                                  | EDB0255                   |                 |
| 376             | 1                         | Employee Special Handling Code                      | EDB0256                   |                 |
| 377             | 1                         | Employee Distribution Unit Code                     | EDB0257                   |                 |
| 378             | 1                         | Employee Representation Code                        | EDB0295                   |                 |
| 379-384         | 6<br>(yymmdd)             | Executive Life Insurance Effective Date             | EDB0452                   |                 |
| 385-390         | 6<br>(yymmdd)             | Original Hire Date                                  | EDB0704                   |                 |
| 391             | 1                         | Depcare Participation Indicator                     |                           |                 |
| 392-399         | 8                         | Filler  |                           |                 |
| 400             | 1                         | FCP Select Flag                                     |                           |                 |
| 401-402         | 2                         | Dental Plan Code                                    | EDB0272                   |                 |
| 403-405         | 3                         | Dental Coverage Code                                | EDB0273                   |                 |
| 406             | 1                         | Federal Tax Marital Status Code                     | EDB0127                   |                 |
| 407             | 1                         | State Tax Marital Status Code                       | EDB0130                   |                 |
| 408             | 1                         | Employee Level WOS Indicator                        | EDB0778                   | New field       |
| 409-414         | 6<br>(yymmdd)             | Vision Plan Coverage Effective Date                 | EDB0349                   |                 |
| 415-416         | 2                         | Vision Plan Code                                    | EDB0347                   |                 |
| 417-419         | 3                         | Vision Plan Coverage Code                           | EDB0348                   |                 |
| 420-423         | 4<br>(yymm)               | Recently Separated Veteran Date                     | EDB0381                   |                 |
| 424-426         | 3                         | Basic Life Insurance                                | EDB0330                   |                 |
| 427             | 1                         | UCRS Short Loan                                     |                           |                 |
| 428             | 1                         | UCRS Long Loan                                      |                           |                 |
| 429-430         | 2                         | Legal Plan Code                                     | EDB0353                   |                 |
| 431-433         | 3                         | Legal Plan Coverage Code                            | EDB0354                   |                 |
| 434-439         | 6<br>(yymmdd)             | Legal Plan Coverage Effective Date                  | EDB0355                   |                 |
| 440-442         | 3                         | Federal Tax Withholding Allowances                  | EDB0128                   |                 |
| 443-445         | 3                         | State Tax Personal Withholding Allowances           | EDB0131                   |                 |
| 446-448         | 3                         | State Tax Itemized Deduction Withholding Allowances | EDB0132                   |                 |
| 449             | 1                         | Executive Life Insurance Indicator                  | EDB0356                   |                 |

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|-----------------|---|--|---------------------------|-----------------|
| 450-452         | 3   | Executive Life Insurance<br>Salary Base  | EDB0357                   |                 |
| 453             | 1   | Benefits Eligibility Level<br>Indicator  | EDB0360                   |                 |
| 454             | 1   | Benefits Eligibility Level<br>Indicator Derived  | EDB0375                   |                 |
| 455-458         | 4<br>(yymm)                                       | Benefits Eligibility Level<br>Indicator Conflict Date  | EDB0376                   |                 |
| 459             | 1   | Medical Insurance Opt Out<br>Code  | EDB0377                   |                 |
| 460             | 1   | Dental Insurance Opt Out<br>Code   | EDB0378                   |                 |
| 461             | 1   | Vision Insurance Opt Out<br>Code   | EDB0379                   |                 |
| 462-465         | 4   | Average Hours Worked Per<br>Week   | EDB5132                   |                 |
| 466-471         | 6<br>(yymmdd)                                     | Dependent Life Coverage<br>Effective Date  | EDB0188                   |                 |
| 472-480         | 9   | Total Gross YTD  | EDB5501                   |                 |
| 481-489         | 9   | Federal Withholding Tax<br>Gross YTD   | EDB5502                   |                 |
| 490-498         | 9   | YTD Depcare Deduction  | EDB6335Y                  |                 |
| 499-507         | 9   | Hours Toward Career Status<br>Eligibility – Total  | EDB0426                   |                 |
| 508-516         | 9   | Hours Toward Benefits<br>Eligibility – Total   | EDB5142                   |                 |
| 517-522         | 6   | Last Day On Pay Status   | EDB0189                   |                 |
| 523-531         | 9   | Filler   |                           |                 |
| 532-540         | 9   | Filler   |                           |                 |
| 541-546         | 6   | Filler   |                           |                 |
| 547-555         | 9   | Filler   |                           |                 |
| 556-564         | 9   | Filler   |                           |                 |
| 565-573         | 9   | SPP-Total Interest-HS  | EDB0439                   |                 |
| 574-582         | 9   | SPP-Total Contribution-<br>Interest Posted-HS  | EDB0432                   |                 |
| 583-588         | 6<br>(yymmdd)                                     | SPP-Changed Date-HS  | ED0441                    |                 |
| 589-597         | 9<br>(1 <sup>st</sup> – 6 <sup>th</sup><br>Month) | SPP-X Month Contribution-<br>No Interest-HS<br>Where X = 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup><br>or 6 <sup>th</sup> | EDB0433 -<br>EDB0438      |                 |
| 598-606         | 9   | HSPP Current Month<br>Contribution   |                           |                 |
| 607             | 1   | Supplemental Disability<br>Indicator   |                           |                 |
| 608-610         | 3   | Supplemental Disability<br>Waiting Period  | EDB0231                   |                 |

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|-----------------|---------------------------|--|---------------------------|--------------------------------|
| 611-615         | 5                         | Supplemental Disability<br>Salary Base             | EDB0232                   |                                |
| 616-621         | 6<br>(yymmdd)             | Supplemental Disability<br>Coverage Effective Date | EDB0233                   |                                |
| 622-625         | 4                         | Primary Title Code                                 | EDB0460                   |                                |
| 626-631         | 6                         | START Begin Date                                   | EDB0496                   |                                |
| 632-637         | 6                         | START End Date                                     | EDB0497                   |                                |
| 638-643         | 6<br>(yymmdd)             | Short Term Disability<br>Coverage Effective Date   | EDB0453                   |                                |
| 644-652         | 9                         | Federal Withholding Tax<br>Gross – FYTD            | EDB5545                   |                                |
| 653-658         | 6                         | Home Department Code                               | EDB0114                   |                                |
| 659-688         | 30                        | Home Department Name                               | EDB0114                   | From the Home Department Table |
| 689-690         | 2                         | Country of Residency Code                          | EDB0143                   |                                |
| 691-720         | 30                        | Country of Residency                               | EDB0143                   | From the Foreign Country Table |
| 721             | 1                         | Health Care Reimbursement<br>Account Indicator     |                           |                                |
| 722-726         | 5                         | HCRA Annual Amount                                 | EDB6338U                  |                                |
| 727-732         | 6<br>(yymmdd)             | HCRA Termination Date                              | EDB0314                   |                                |
| 733-741         | 9<br>9(07)V99             | HCRA Year-To-Date<br>deductions                    | EDB6338Y                  |                                |
| 742-746         | 5                         | DepCare Annual Amount                              | EDB6335U                  |                                |
| 747-752         | 6<br>(yymmdd)             | DepCare Termination Date                           | EDB0315                   |                                |
| 753-760         | 8                         | Filler   |                           |                                |