

APPENDIX K - SPECIAL PROCEDURES

This appendix contains the following procedures:

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CORRECTING AN EMPLOYEE NUMBER

SUMMARY

Use this procedure to correct the employee number on line A of the PAR.

NOTE: If the employee number on line A is correct and only the social security number on line B is incorrect, just submit a PAR "other change" as described in the PAR section of this manual.

MAKING THE CORRECTION

1. If you are correcting the social security number portion of the employee number, make a photocopy of the employee's social security card.

NOTE: If the employee has lost his or her social security card, have the employee sign a note stating the following: "My true and correct social security number is ___-__-____."

2. On the employee's most recent PAR, write the correct social security number in the Social Security No. box on line B.

NOTE: Please write this number even if the one printed in the box is already correct.

3. Make any other necessary corrections to the PAR.

EXCEPTION: Do not change anything on line A or in the following boxes on line E:

- Employee Status
- Separation Code, Separation Date
- Unpaid Leave Reason, Unpaid Leave Start Date, Unpaid Leave Return Date

4. Fill out a Problem Description Form, as explained below. (For complete instructions on filling out this form, see the "Other Forms" section of this manual.)

- For the Employee Number in Section 1, write the incorrect employee number from line A of the PAR.
- For Type of Adjustment Required, check the box labeled "Other" and write "Employee Number Correction."

- In Section 2, write "Employee number _____ is wrong." (Fill in the blank with the INCORRECT employee number from Line A of the PAR.)
 - In Section 3, write "The employee number should be _____." (Fill in the blank with the employee's CORRECT social security number and MPID; for the TCD, write X.)
5. Staple the PAR and the photocopy of the social security card (or the note on which the correct social security number is written) to the back of the Problem Description Form and send them to PPSD.

After PPSD corrects the employee number, a turnaround PAR and the completed Problem Description form will be sent to you.

**REPORTING THE
EMPLOYEE'S TIME**

Until the employee number is changed, continue to use the incorrect number when you fill out the Time Roster. When the employee number has been corrected, someone from the PPSD Adjustment Section will telephone you.

RECOVERING COURT PAYMENT FOR JURY DUTY

SUMMARY

Use this procedure to post jury duty pay and to deduct the money paid by the court to an employee who serves jury duty.

POST JURY DUTY PAY

- Post paid-hours exception code JD on the Time Roster for the hours of jury duty the employee served during the pay period.
- Keep a record of the number of days the employee served on jury duty and the amount of the jury duty pay you posted.

OBTAIN THE COURT SLIP AND VERIFY THE DAYS OF SERVICE

When the employee returns to work after completing the jury service:

1. Obtain from the employee the court slip(s) that show the days of jury duty served. (Some courts provide a slip for each day of service; others provide a single slip showing the total number of days served.)

NOTE: It is your responsibility to obtain the court slip--use your departmental records to follow up on all employees for whom you post jury duty pay.

2. Verify that the time listed on the court slip(s) is the same as the time you posted on the Time Roster for jury duty pay.
3. If the court slip(s) indicate the employee served fewer hours than you posted, or if the employee does not give you a Court Slip within one month after the jury service, submit a Problem Description Form to deduct the excess jury duty pay the employee received. Show the appropriate non-paid leave code, PL (Personal Leave) or AW (Absent without Leave) for the hours that were not spent on jury duty.

SUBMIT A PROBLEM DESCRIPTION FORM TO DEDUCT THE COURT PAYMENT

Fill out a Problem Description Form to deduct the court payment from the employee's earnings, as explained below. (The Problem Description Form is described in the "Other Forms" section of this manual.)

NOTE: The employee must keep the court compensation check and take the deduction; he or she may not give you the check in lieu of the deduction.

When to Submit the Form

The court slip(s) will show the amount of the court payment and whether it was paid on each day of service or will be mailed later to the employee.

- If the employee was paid each day, submit the Problem Description form immediately after the last day of jury service.
- If the employee will be paid by mail, submit the form 30 days after the last day of jury service.

How to Fill Out the Form

In Section 2, write "Employee was paid Jury Duty on the payroll."

In Section 3, write "Recover jury duty payment received by employee from Jury Commissioner" and list the following:

- the amount to be deducted (i.e., the amount of court compensation the employee received)
- the dates of the first and last days of jury service
- the total number of days of jury service

TELL THE EMPLOYEE WHEN THE DEDUCTION WILL BE MADE

On the turnaround copy of the Problem Description Form, PPSD will write the pay period in which the jury duty payment will be deducted. Inform the employee of this deduction date.

WRITING THE EMPLOYEE'S LAST NAME ON THE PAR

SUMMARY

When filling out the PAR, follow the instructions below for writing the employee's last name (surname). They tell you how to write compound names--names with two or more parts that are separated by a space or punctuation mark.

NOTE: The federal government provided these instructions. By following them, we assist the Social Security Administration and Internal Revenue Service in matching the names in their computer files with the names in ours.

NAMES WITH HYPHENS
AND APOSTROPHES
BETWEEN PARTS

Leave out apostrophes (') and all other punctuation except hyphens (-).

Example: O'Malley becomes OMALLEY
D'Angelo becomes DANGELO

Foster-Jones remains FOSTER-JONES
Del-Los-Santos remains DEL-LOS-SANTOS

NAMES WITH SPACES
BETWEEN PARTS

If the Name
DOES NOT Include
an Abbreviation

If there are blank spaces between parts of the name and the name DOES NOT include an abbreviation, write the name as follows:

- In two-part names, delete the space:

Example: Van Arden becomes VANARDEN
Saint John becomes SAINTJOHN

- In three-part names, replace the spaces with hyphens, as shown in the example. (EXCEPTION: For Spanish surnames containing the letter "y", see below.)

Example: Van Der Bilt becomes VAN-DER-BILT
Rivera De Cruz becomes RIVERA-DE-CRUZ

- In Spanish surnames containing the letter "y", replace the "y" with a hyphen.

Example: Romero Y Blanco becomes ROMERO-BLANCO

If the Name DOES
Include an
Abbreviation

If there are blank spaces between parts of the name and the name includes an abbreviation, write the name as follows:

- If the name has two parts and contains one of the following abbreviations, use the abbreviation when you write the name, and replace the blank with a hyphen:

Abbreviation

Mt
Mte
St
Sta
Ste
Sto

Example: St. John becomes ST-JOHN
Mt Eden becomes MT-EDEN

- If the name has two parts and contains one of the following abbreviations, spell out the abbreviated part and replace the blank with a hyphen:

Abbreviation

Full Spelling

Jn	JEAN
DeJ.	DEJESUS
Dgue., Dnguez., Dgz.	DOMINGUEZ
Fdez., Fdz., Fndez.	FERNANDEZ
Fnex., Dtnex., Ftz.	FONTANEZ
Glez., Dlz., Gnlez.	GONZALEZ
Hdez., Hdz., Hndez.	HERNANDEZ
Maldo., Mldo.	MALDONADO
Mdez., Mldz., Mdz.	MALENDEZ
Mtez., Mtnez., Mtz.	MONTANEZ or MARTINEZ

Example: Jn Babtiste becomes JEAN-BABTISTE
Fdz. Marquez becomes FERNANDEZ-MARQUEZ

- In three-part names, spell out the abbreviated part and replace the blanks with hyphens.

Example: De St John becomes DE-SAINT-JOHN

PROCESSING EMPLOYEES WITHOUT SOCIAL SECURITY NUMBERS

SUMMARY

The following procedure is used when a new employee who does not have a social security number is hired.

WHEN THE EMPLOYEE IS HIRED

Preparing and Submitting the Forms

1. Make a photocopy of the completed Social Security Form SSA-5028. (See sample on opposite page. The employee obtains this form from the Social Security office when he or she files for a social security number.)

NOTE: If the employee has not applied for a social security number at the time he or she is hired, ask the employee to apply immediately and bring you the copy of Form SSA-5028; the form must be submitted to PPSD with the new hire PAR and W-4.

2. Fill out a padded PAR as you normally would for a new hire, except:
 - do not fill in the Employee Social Security No. box on line A
 - in the Social Security No. box on line B, write "SS# applied for."
3. Have the employee fill out a W-4 as usual, except, in the Social Security Number box, ask the employee to write "SS# applied for."
4. If the employee wants his or her state tax withholding to be different from the federal withholding, have the employee fill out a TAR form as usual except:
 - ask the employee to leave the Employee Number box on line 1 blank
 - in the Social Security Number box on line 2, have the employee write "SS# applied for."
5. Send the PAR, the W-4, the TAR (if any), and the photocopy of form SSA-5028 to PPSD.

Sample Form
SSA-5028

RECEIPT FOR APPLICATION FOR A SOCIAL SECURITY NUMBER
(Please Show This to Your Employer or Other Organization
Which Asked for Your Social Security Number)

VOID

This certifies that _____ applied for a social security number on _____
(This receipt is not for identification.)

Please allow a reasonable amount of time for your application to be processed. However, if you have not received your social security card after 4 weeks from the date shown above, you should contact this office or any other social security office convenient to you. Bring with you the documents you showed us before to establish your age, identity and citizenship. We will investigate the delay and notify you of the number assigned.

Notify your employer (or other organization) immediately when you receive your social security number. If you are employed, this number will identify your earnings so that they are properly credited to your social security record.

Special Note to Employers

<p>If you prepare a report of earnings before the employee receives his social security number, include the employee's name and earnings on the report. Do not complete the space allotted for his</p>	<p>social security number. The Social Security Administration will request the employee's number by contacting you at a later date.</p>
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Social Security Office Address and Telephone Number

VOID

Form SSA-5028 (10-77)
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PPSD Assigns an Interim Social Security Number

The PPSD Tax Reporting Section will assign an interim social security number for this employee and will call and tell you the number assigned. This number will be printed on the turnaround PAR and Time Roster.

Posting the Employee's Time

Post the employee's time as you normally do for a new hire, using the interim social security number when you fill in the write-in Roster for the first pay period or two.

WHEN THE EMPLOYEE RECEIVES A SOCIAL SECURITY CARD

When the employee receives a social security card, do the following to change the interim social security number in the Payroll System's employee master file.

1. Make a photocopy of the employee's social security card.
2. On the employee's most recent PAR, write the new social security number in the Social Security No. box on line B.

3. Fill out a Problem Description Form, as described below. (For complete instructions on filling out this form, see the "Other Forms" Section of this manual.)
 - For the Employee Number in Section 1, write in the interim social security number from line A of the PAR.
 - For Type of Adjustment Required, check the box labeled "Other" and write "Social Security Number Change."
 - In Section 2, write "Using interim SS# ___-___-___ assigned by PPSD." (Fill in the blanks with the social security number from line A of the PAR.)
 - In Section 3, write "Change interim SS# to new SS# is ___-___-___." (Fill in the blanks with the employee's new social security number.)
4. Staple the PAR and the photocopy of the social security card to the back of the Problem Description Form and send them to PPSD.

After PPSD processes the new social security number, a turnaround PAR and the completed Problem Description Form will be sent to you.

Reporting the
Employee's Time

Until the social security number is changed, continue to use the interim number printed on the Time Roster. When the new number has been processed, someone on the PPSD staff will telephone you.

REPORTING THE DEATH OF AN EMPLOYEE

SUMMARY

Use this procedure if an employee in your department dies. It tells you how to notify PPSD of the death and what to do about time reporting and paychecks for the employee.

PROVIDING
INFORMATION TO
PPSD

As soon as you learn of an employee's death, notify PPSD as follows:

1. Call the Special Processing clerk at PPSD immediately. Give the clerk the following information:
 - the deceased employee's name and employee number
 - your department name and number
 - the date of the employee's death
 - your name and telephone number
 - the name and telephone number of the administrator of the estate or of a contact person, if known.
2. Fill out the employee's PAR for a separation, as described in the PAR section of this manual.
3. Fill out a Problem Description Form as follows:
 - Section 1 - Write the employee number, name, etc. For "Type of Adjustment Required" check "Other" and write "Employee deceased."
 - Section 2 - If you have a check for the employee, write the check number here. (Please do NOT write "cancel" or "void" on the check.)
 - Section 3 - Write the most recent address you have for the employee and the emergency name, address and telephone number (from the PAR).
4. Staple the Problem Description Form and any of the deceased employee's paychecks on top of the PAR and send them to PPSD.

PPSD STAFF WILL
CONTACT YOU REGARDING
HOW TO PROCESS PAY
OWED TO THE EMPLOYEE

Do not post any information for this employee on the Time Roster, or submit any requests for payment in lieu of vacation or sick leave. The PPSD Adjustments Section will call you with further instructions. (If you have not heard from the Adjustments Section within 10 days, call them.)

INQUIRIES BY
SURVIVORS

IMPORTANT: Do not release checks to any of the deceased employee's survivors (relatives or friends). Refer any inquiries by survivors to the Special Processing Clerk at PPSD.

COMMUTING BENEFIT PROCEDURES

SUMMARY

This section describes the "commuting benefit" and tells you how to post this benefit on the Time Roster.

ABOUT THE COMMUTING BENEFIT

Commuting in a City Vehicle is a Taxable, Non-Cash Benefit

IRS regulations require that when an employee commutes more than once a month in a vehicle provided by the City, the dollar value of this benefit must be added to the employee's taxable income. The employee's actual cash earnings do not increase; however, State and federal taxes, FICA, SDI, and City retirement are withheld on the benefit value. (PERS Retirement is not withheld.)

The benefit value appears on the employee's W-2 form both as a separate item and as part of the employee's total taxable income.

Posting the Benefit

You must post the commuting benefit on the Time Roster each pay period for the employees in your department who commute more than once a month in a City-owned vehicle. (Exception: See list of exempted vehicles below.)

You use a different procedure to post the benefit for appointed and elected officials than you use for other employees. Both procedures are explained on the following pages.

Exempted Vehicles

The following vehicles are exempt from the taxation requirement:

- clearly marked police and fire vehicles
- unmarked law enforcement vehicles when used for authorized purposes and operated by a full-time law enforcement officer
- delivery trucks with seating only for the driver, or only for the driver except for a folding jump seat
- school and passenger buses with a capacity of 20 or more persons
- specialized utility repair trucks (except vans and pickup trucks)

**Exempted Vehicles
(Cont'd)**

- cargo carriers with over 14,000 pounds capacity
- ambulances, hearses, flatbed trucks, and bucket trucks.

**How the Commuting
Benefit Appears
on Pay Statements
and Report 10**

The benefit value appears as UNPD BEN (unpaid benefit) on the employee's pay statement and on Report 10.

NOTE: Because the benefit value is included in the employee's gross pay, but is not paid to the employee in cash, gross pay minus deductions will not equal net pay. Instead, gross pay minus the benefit value minus deductions equals net pay.

**HOW TO POST THE
COMMUTING BENEFIT
FOR ALL EMPLOYEES
EXCEPT APPOINTED
AND ELECTED OFFICIALS**

For all employees except elected officials and appointed officials approved by the Board of Supervisors,* post the commuting benefit on the Time Roster each pay period as follows:

- Use special pay code 27A.
- Under "Count," write the number of days in the pay period that the employee commuted. (The employee or the employee's supervisor is responsible for giving you this information each pay period.) If the employee drove only one way, count this as a half day (.5). The Payroll System will assign a benefit value of \$3.00 per round-trip commute (\$1.50 each way).

Example: If the employee drove the vehicle to and from work four days and only to work another day, the count would be 4.5, and you would post it as follows:

SPECIAL PAY	
CODE	COUNT
27A	4.5

NOTE: If more than one employee commutes in a vehicle, the commute benefit should be posted for each rider. (Each rider is responsible for reporting his or her commute trips.) Also, on-call employees who respond to an after-hours emergency from home should be charged for the emergency commute in addition to their regular commute. (Again, the employee is responsible for reporting any emergency commutes.)

*EXCEPTION: Use this method for elected or appointed officials if the City provided the vehicle to the employee solely because of unsafe conditions.

HOW TO POST THE
BENEFIT VALUE FOR
APPOINTED AND
ELECTED OFFICIALS

For appointed officials approved by the Board of Supervisors and elected officials, there are two ways to calculate the value of the commuting:*

- the cents-per-mile method
- the annual-lease-value method

The cents-per-mile method is described beginning below. The annual-lease-value method is described beginning on the next page. The appointed and elected officials who receive the commuting benefit are responsible for telling you which calculation method to use, and for notifying you if the calculation method should be changed.

Cents-per-mile
Method

When to Use This Method - This method of calculating the value of the commuting can only be used if the vehicle's fair market value is \$12,800 or less. Once this method is used, it must be used every year that the employee commutes in a car worth \$12,800 or less.

IMPORTANT: The employee is responsible for finding out the car's fair market value and deciding which method to use. (If the vehicle is worth \$12,800 or less, the employee may use this method or the annual-lease-value method.) See page K-43 for information about fair market value.

What The Employee Must Report - At the time an employee chooses this method, find out whether the employee or the City will be purchasing gasoline for the car.

At the end of each pay period, the employee must tell you the number of commute miles driven during the pay period. The employee must also tell you the date on which the commute miles for the calendar year exceed 15,000.

How to Post the Benefit Using This Method - Each pay period, post the number of commute miles on the Time Roster with the appropriate special pay code, as explained on the next page.

*EXCEPTION: Use the method on the previous page for appointed or elected officials if the City provided the vehicle to the employee for commuting solely because of unsafe conditions.

1. If the City paid for the gasoline, use special pay code 27B. (The Payroll System will assign a benefit value of 28¢ per mile.)

If the employee paid for the gasoline, use special pay code 27D. (The Payroll System will assign a benefit value of 22¢ per mile.)

2. Under "Count," write the number of miles the employee commuted. Use a decimal point and one number to the right of the decimal point.

Example: If the employee has commuted 900 miles so far this year, was reimbursed for gasoline, and commuted 45 miles this pay period, you would post this as follows:

SPECIAL PAY	
CODE	COUNT
27B	45.0

Annual-Lease-Value Method

When to Use This Method - This method of calculating the commute benefit must be used if the fair market value of the car is over \$12,800. If the fair market value is \$12,800 or less, the employee may choose either this method or the cents-per-mile method.

NOTE: The employee is responsible for finding out the fair market value. Employees who receive the commuting benefit have been given instructions for doing this. For your information, instructions are provided on page K-43.

What The Employee Must Report - At the time an employee chooses this method, he or she must tell you the fair market value of the vehicle. Then, each pay period the employee must tell you (1) the number of commute miles driven during the pay period, and (2) the total miles driven (commute plus business).

How to Calculate and Post the Benefit Using This Method* - With this method, you (instead of the Payroll System) must calculate the dollar value of the commuting. To calculate and post the benefit, do the following:

1. Determine the annual lease value of the vehicle from the following table, using the fair market value the employee gave you:

ANNUAL LEASE VALUE TABLE			
<u>Automobile Fair Market Value</u>	<u>Annual Lease Value</u>	<u>Automobile Fair Market Value</u>	<u>Annual Lease Value</u>
\$ 0 - 999	\$ 600	\$22,000 - 22,999	\$ 6,100
1,000 - 1,999	850	23,000 - 23,999	6,350
2,000 - 2,999	1,100	24,000 - 24,999	6,600
3,000 - 3,999	1,350	25,000 - 25,999	6,850
4,000 - 4,999	1,600	26,000 - 27,999	7,250
5,000 - 5,999	1,850	28,000 - 29,999	7,750
6,000 - 6,999	2,100	30,000 - 31,999	8,250
7,000 - 7,999	2,350	32,000 - 33,999	8,750
8,000 - 8,999	2,600	34,000 - 35,999	9,250
9,000 - 9,999	2,850	36,000 - 37,999	9,750
10,000 - 10,999	3,100	38,000 - 39,999	10,250
11,000 - 11,999	3,350	40,000 - 41,999	10,750
12,000 - 12,999	3,600	42,000 - 43,999	11,250
13,000 - 13,999	3,850	44,000 - 45,999	11,750
14,000 - 14,999	4,100	45,000 - 47,999	12,250
15,000 - 15,999	4,350	48,000 - 39,999	12,750
16,000 - 16,999	4,600	50,000 - 51,999	13,250
17,000 - 17,999	4,850	52,000 - 53,999	13,750
18,000 - 18,999	5,100	54,000 - 55,999	14,250
19,000 - 19,999	5,350	56,000 - 57,999	14,750
20,000 - 20,999	5,600	58,000 - 60,000*	15,250
21,000 - 21,999	5,850		

*For vehicles with a fair market value over \$59,999, the annual lease value is equal to: $(.25 \times \text{fair market value of auto}) + 500$.

*This procedure assumes all mileage will be for business or commuting only, since personal use of a City vehicle, except for commuting, is prohibited. (See Administrative Code Section 4.11).

2. Each pay period, calculate the dollar value of the benefit, as follows:

a. Divide the annual lease value by 26 to get a "two-week lease value."

Example: $\$3,850 \div 26 = \148.08

b. Divide the number of commute miles driven during the pay period by the total miles driven during the pay period to get the fraction of commuting use. (Round the fraction to two numbers to the right of the decimal point.)

Example: $40 \text{ commute miles} \div 140 \text{ total miles} = .29$

c. Multiply the two-week lease value by the fraction of commute use to get the commute-use value.

Example: $\$148.08 \times .29 = \42.94

d. If the City provided the gasoline, add 5.5¢ for each commute mile to the total from step c.

Example: $5.5¢ (\$.055) \times 40 \text{ commute miles} = \2.20 ;
 $\$2.20 + \$42.94 = \$45.14$

3. Each pay period, post the dollar value of the commuting benefit on the Time Roster, as follows:

- Use special pay code 27F.
- Under "Count" write the dollar amount of the benefit, using a decimal point and one number to the right of the decimal point. (Round the benefit amount to the nearest dollar.)

Example: If the employee's benefit was \$45.14, you would post the commuting benefit as follows:

DETERMINING THE CAR'S FAIR MARKET VALUE

The employee is responsible for determining the car's fair market value. This is done as follows:

- If the commute car was provided BEFORE January 1, 1985, the fair market value is the blue book value as of January 1, 1985.
- If the commute car was provided AFTER January 1, 1985, the fair market value is as shown below.

<u>If vehicle was:</u>	<u>Fair market value is:</u>
Transferred from another employee	The car's blue book value as of January 1st of the year in which the transfer occurred
<u>Leased, or purchased at volume discount,*</u> and is NOT being transferred from another employee	The car's blue book value on the date it was provided for commuting
<u>Purchased, but not at volume discount</u> and is NOT being transferred from another employee	The car's purchase price

The employee needs to contact the Purchasing Department (558-3308) to find out how the car was purchased and learn the purchase price or blue book value.

REDETERMINING THE CAR'S FAIR MARKET VALUE

Employees who use the annual-lease-value method of calculating the commute benefit must redetermine their car's fair market value every four years and report the new value to you. They do this at the beginning of the fifth year after they got the car or last redetermined its value. At that time, the car's fair market value is the blue book value as of January 1st of that year.

*The City purchases most vehicles at a volume discount.

Reporting the Death of an Employee

This Bulletin affects Payroll and Personnel Offices. This procedure replaces the instructions in Appendix K in your *Procedures Manual* and Bulletin 97 dated 6/5/96. *Changes are shown by lines in the right margin.*

About this Bulletin

This Bulletin tells you how to notify PPSD of the death of an employee and what to do about paychecks and time reporting for the deceased employee.

Notifying PPSD, Submitting Appropriate Forms, and Returning Paychecks

Please follow the instructions below *as soon as you learn of an employee's death.*

① Notify PPSD.

Immediately call the PPSD Tax Section at 558-7856 or 558-7854 and provide the following information:

- The deceased employee's name and employee number
- Your department's name and 2-digit payroll department number
- the date of the employee's death
- your name and telephone number
- the name and telephone number of the designee on the employee's *Warrant(s) Recipient Designation Form*. (This form should be filed in the employee's Official Employee's Personnel Folder.)

NOTE: If there are multiple Designation Forms for the employee, get this information from the form with the *latest* date.

② Submit a PAR and the original *Warrant(s) Recipient Designation Form*.*

- a. Fill out the employee's PAR for a *separation*, as explained in the PAR section of your *Procedures Manual*.

EXCEPTION: For both the Effective Date and the Separation Date, *write the date of the employee's death.*

***EXCEPTION FOR COMMUNITY COLLEGE:** Please ignore all references to the *Warrant(s) Recipient Designation Form*. This form is not used by Community College employees.

- a. Staple the employee's *Warrant(s) Recipient Designation Form* to the front of the PAR.

IMPORTANT: Attach this form even if the employee did not name a designee. Also, if there are multiple Designation Forms, be sure to attach the form with the *latest* date.

- b. Send the PAR and form to the PPSD Tax Section.

③ Check the following and submit any appropriate form(s) *within two days* of learning of the employee's death:

- Check to see if the deceased employee has **unpaid vacation credits**. If so, send a Request for Compensation in Lieu of Vacation form (PPSD Form 1077) to the PPSD Tax Section.
- Check to see if the deceased employee has **unpaid vested sick pay credits**. If so, send a Request for Compensation in Lieu of Vested Sick Pay (PPSD Form 2005) to the PPSD Tax Section.
- Check to see if there are any **unreported hours** for this employee. If so, prepare a PDF and submit it to the PPSD Tax Section. *If the employee was registered as catastrophically ill, please indicate this on the PDF.*

④ Return any paychecks to PPSD.

If you have a paycheck for the employee, fill out a *Problem Description Form* and return the check, as explained below.

Important:

- Do not write "cancel" or "void" (or anything else) on the check.
- **Never** release a paycheck to a deceased employee's relatives or friends. Checks must be returned to PPSD. Refer any inquiries by survivors about payroll checks to the PPSD Tax Section. (Refer inquiries about retirement to the Retirement System.)

To return the paycheck:

- a. Fill out a *Problem Description Form*:

- In Section 1, write the employee number, name, etc. and check the "Deceased" box.
- In Section 2, write the check number.

- b. Staple the check to the front of the *Problem Description Form* and send the documents to the PPSD Tax Section.

File This Bulletin

Please file this Bulletin in your *Procedures Manual* between pages K-10 and K-11.

NOTE: This Bulletin entirely replaces the current instructions in your *Procedures Manual* for reporting a death of an employee.

- Please draw a line through the procedure on pages K-11 and K-12 in your manual.
- Also, on page 2-49 "Filling Out a Change PAR - Separations", please write "See Appendix K for instructions on deceased employees."

Questions?

If you have questions, please see your Payroll Supervisor. Supervisors who have questions, please call Johnny Zabala at 558-7854.

Severance Pay Procedures

This Bulletin affects *Payroll* and *Personnel Offices*.

About this Bulletin

This Directive presents the procedure through which Departments and the Office of the Controller, Payroll/Personnel Services Division (PPSD) shall coordinate severance payments to eligible City employees.

Eligibility for Severance Pay

Departments should be aware that *only some employees are entitled to severance pay*. To determine eligibility for severance pay, the Department should review the Memorandum of Understanding (MOU) applicable to the employee. The Department should consult with the Department of Human Resources (DHR) on questions concerning employee eligibility or MOU interpretation.

The following instructions will need to be followed when severance pay is provided in the event of: employee layoffs, elimination of non-permanent positions, or contracting out of services.

Severance Pay Instructions

After determining that an employee is eligible, the Department begins the severance pay process. The actions that the Department need to complete in order to request severance pay are summarized below.

1. Prepare a Personnel Action Request (PAR) to change the status of the employee from "Active" to either "Inactive" or "Terminated."
2. Prepare a Problem Description Form (PDF), completing all parts of the form and writing a brief reason for the request for payoff in Part 2.
3. Calculate the "Severance Pay Amount" based on the provisions of the applicable MOU. Write the total amount to be paid to the employee on the PDF, and attach supporting documentation (i.e., Report 10 or worksheets).
4. Attach supporting documents authorizing severance payment, i.e., an excerpt from the MOU and any other document created within the Department or received from DHR authorizing the severance payment.
5. Obtain the required signatures of the Preparer and the Appointing Officer on the PDF.
6. Submit the PAR, PDF, and accompanying materials to PPSD.

**Severance Pay
Instructions**
(continued)

Upon receipt of the Department's severance pay request, PPSD will verify the accuracy of calculations on the PDF, and confirm the required attachments show the appropriate approvals. PPSD will audit and process the PAR, and verify that the employee's status is "Terminated" in the PeopleSoft system. Finally, PPSD will initiate payment, ensuring correct taxes and deductions are withheld, and issue a manual check for the employee's severance pay. PPSD sends the yellow copy of the completed PDF to the Department as notification that the check has been printed.

**File This
Bulletin**

This Directive is an addition to the Payroll/Personnel Procedures Manual, Appendix K – Special Procedures. Please add this Bulletin after the Commuting Benefit Procedures.

**Additional
Information**

Please contact Donald Mayeda at 558-7876 or Akbar Shaikh at 558-7875 if you have any questions or require additional information about severance pay processing procedures.

PERS PROCEDURES AND FORMS

This Bulletin affects both PAYROLL and PERSONNEL offices. It replaces Bulletin 38 dated 1/13/87. (Due to the extent of the changes, change lines are not shown.)

ATTENTION:
DEPARTMENTS WITH
PERS-COVERED
EMPLOYEES

If your department has employees who are in classes or groups covered by the Public Employees Retirement System (PERS), you will need to read and use the instructions on the following pages. (See page 7 of this Bulletin for a list of classes and groups that are eligible for PERS.)

ATTENTION:
DEPARTMENTS WITH
NO PERS-COVERED
EMPLOYEES

If your department currently does not have any employees who are members of PERS (see page 7 of this Bulletin for a list of classes and groups that are eligible for PERS), do the following:

Personnel Offices:

- After reviewing the list of eligible classes and groups, be on the lookout for employees transferring to your department who may be members of PERS.
- If a PERS-covered employee is hired or transferred to your department, or, if an employee in your department changes from City Retirement to PERS, call Aurora Soy at 558-7802 to request a copy of the PERS Procedures Manual (published by PERS). You will need to refer to both this Bulletin and to the PERS Procedures Manual for instructions.

NOTE: If an employee in your department changes from City Retirement to PERS, ask the employee to go to the Member Services Division of the Retirement System with the appropriate Appointment Processing/Separation forms, so that the change-over can be processed within the Retirement System.

Personnel AND Payroll Offices:

- File this Bulletin at the back of Appendix K for possible future use. (Throw away the earlier version of this Bulletin that was filed at the back of the "Other Forms" section.)

NEW PERS PROCEDURES
MANUAL

A copy of the new PERS Procedures Manual has been sent to your Personnel Office with this Bulletin.* Please note the location of the following procedures and information that you will need to use:

- The procedure for completing the PERS Membership Form (PERS-MEM-1) begins on page 1-027.
- The procedure for completing the Report of Status Change or Separation form (PERS-BAS-167) begins on page 1-093.
- The Reportable/Non-reportable Compensation chart (for use when adjustment calculations are required) begins on page 2-005.
- The retirement procedures begin on page 3-001.

ABOUT THE PERS
MEMBERSHIP FORM
(PERS-MEM-1)

When Used - Fill out this form whenever:

- an employee is hired or transferred to a PERS-covered class and elects to become a member of PERS. (See page 7 of this Bulletin for a list of eligible classes.)
- an employee who is already a member of PERS changes his or her coverage group or name, or returns from a leave of absence.

Procedure For Filling Out and Submitting -

NOTE: A copy of each of the forms used in this procedure (except the PDF) is attached. Additional copies may be obtained from Room 2B of City Hall.

1. As soon as one of the above actions occurs, fill out a PERS Membership Form as described in the PERS Procedures Manual.
2. If the employee is being hired or transferred to a PERS-covered class, do the following (otherwise, skip to Step 3):**
 - a. Make a photocopy of the completed PERS Membership Form.
 - b. Fill out the top portion of a PERS Pre-Tax Retirement Enrollment/Cancellation Form, (PPSD-1006A) as described on page 5 of this Bulletin.

*Departments 03, 04, 06, 10, 12, 13, 14, 27, 30, 35, 38, 39, 41, 45, 46, 47, 83, 85, 86, 87 and 90 only. If your department hires or otherwise receives a PERS-covered employee, call Aurora Soy at 558-7802 to request a copy of this manual.

**IMPORTANT: If the employee is changing from City Retirement to PERS, ask the employee to go to the Member Services Division of the Retirement System with the appropriate Appointment Processing/Separation forms, so that the change-over can be processed within the Retirement System.

IMPORTANT: If the effective date of the action you are requesting is not the first day of a pay period, you must also fill out and attach a PDF showing the appropriate deduction amounts to be adjusted.

- c. If the employee is transferring from a FICA-covered class to a FICA-exempt class and his or her original date of hire is after March 31, 1986, fill out an Employee Medicare Deduction form (PPSD-1090), as described on page 5 of this Bulletin.
 - d. Attach the photocopy of the PERS Membership form (and the Medicare form and PDF, if applicable) to the PPSD Form 1006A, in the following sequence:
 - 1st: PPSD-1006A form
 - 2nd: photocopy of PERS Membership form
 - 3rd: Medicare Form
 - 4th: PDF
 - e. Send the PPSD-1006A form and attachment(s) to the PPSD PERS Unit, 160 So. Van Ness Ave.
3. Distribute the original Membership Form with its multi-part copies as follows:
- a. Send the original to PERS.
 - b. Send one employer copy to the San Francisco Retirement System.
 - c. Keep the other employer copy for your files.
 - d. Give the white copy to the employee.

ABOUT THE PERS
STATUS CHANGE/
SEPARATION FORM
(PERS-BAS-167)

When Used - You must fill out this form when the following actions occur:

- separation (including retirement)
- change of coverage group
- leave of absence
- military leave
- sabbatical leave
- Workers' Compensation leave

STATUS CHANGE/
SEPARATION FORM
(Cont'd)

Procedure For Filling Out and Submitting -

NOTE: Copies of the forms used in this procedure (except the PDF) are attached. Additional copies may be obtained from Room 2B of City Hall.

1. As soon as one of the above actions occurs, fill out a PERS Report of Status Change or Separation form as described in the PERS Procedures Manual.
2. If the employee is leaving City employment, do the following (otherwise, skip to Step 3):

- a. Make a photocopy of the completed form.
- b. Fill out the top portion of a PERS Pre-Tax Retirement Enrollment/Cancellation Form (PPSD-1006A), as described on the following page.

IMPORTANT: If the effective date of the action you are requesting is not the first day of a pay period, you must also fill out and attach a PDF showing the appropriate deduction amounts to be adjusted.

- c. Attach the photocopy of the Status Change Form (and the PDF, if applicable) to PPSD Form 1006A in the following sequence:

1st: PPSD-1006A form

2nd: photocopy of PERS Status Change/
Separation form

3rd: PDF

- d. Send these forms to the PPSD PERS Unit, 160 So. Van Ness Ave.
3. Distribute the Status Change/Separation form as follows:
 - a. Send the original to PERS.
 - b. Send one employer copy to the San Francisco Retirement System.
 - c. Keep the other employer copy for your files.
 - d. Give the back copy (the quadruplicate copy) to the employee.

FILLING OUT FORM
PPSD-1006A

1. Check the appropriate box at the top of the form.
2. Under "Effective Date," write the date the membership enrollment, cancellation or change is to be effective, as follows:
 - For new hires who are joining PERS, this date must be the employee's start date.
 - For all other employees, write the date the action will be effective.*

IMPORTANT: The action you request will be taken for the whole pay period. If the effective date is not the first day of a pay period, you must fill out and attach a PDF showing the appropriate deduction amounts to be adjusted.

3. Write in the employee information.
4. Write your name, phone number and the date you are completing the form.

FILLING OUT FORM
PPSD-1090

NOTE: Complete this form only if the employee's class is FICA-exempt and the employee's first date of hire is after March 31, 1986.

1. Check the "Other Change" box.
2. Under "Effective Date," write the date the employee will begin work in the PERS-covered class.
3. Write in the employee number, name, department number, appointment type, and job class.
4. Near the bottom of the form, print your name, phone number and the date you are filling out the form.
5. Send the form to the PPSD PERS Unit at 160 So. Van Ness.

ADJUSTMENT PROCEDURES

About These
Procedures

Types of Adjustments - There are two major types of adjustments you may need to make for PERS. One is to the PERS contribution itself and the other is to the FICA or Medicare tax deduction.

*This will generally be the date the employee begins work in a PERS-covered class, or the effective date set by PERS for a specific group of employees to begin PERS coverage.

ADJUSTMENT PROCES-
DURES (Cont'd)

Responsibility For Requesting Adjustments - Adjustments
MUST be requested by the office responsible for the
error.

Adjusting PERS
Contributions

1. Write the following information on a Problem Description Form: *
 - a. The PERS deductions that were taken for each pay period for both regular compensation and special compensation.
 - b. The PERS deductions that should have been taken for each pay period for both regular compensation and special compensation.

(See the PERS Reportable/Non-Reportable Compensation chart beginning on page 2-005 of the PERS Manual.)
 - c. The adjustment required for each pay period.
 - d. If you are adjusting more than one pay period, the total adjustments required for each of the above.
2. If the employee owes the City money, talk to the employee about a pay-back schedule, and attach the employee-approved schedule to the PDF.

NOTE: Each scheduled pay-back amount must equal the adjustment amount for at least one full pay period.

3. Send the PDF to the PPSD PERS Unit, 160 So. Van Ness Ave.

Adjusting FICA
or Medicare
Deductions

1. On a Problem Description Form, write the FICA or Medicare amount underpaid or overpaid each pay period, and the total amount to be refunded or paid back.

IMPORTANT: If the employee is to receive a FICA refund and was hired after 3/31/86, remember to subtract the Medicare Tax from the refund.
2. If the employee owes the City money, talk to the employee about a pay-back schedule, and attach the employee-approved schedule to the PDF.

NOTE: Each scheduled pay-back amount must equal at least the adjustment amount for one full pay period.

*If you are adjusting more than one pay period and cannot fit the information on one PDF, use a ledger sheet, attach the ledger sheet to the PDF, and write only the adjustment totals on the PDF.

3. Send the PDF to the PPSD PERS Unit, 160 So. Van Ness Ave.

CLASSIFICATIONS
AND EMPLOYEES
ELIGIBLE FOR PERS

The following classifications and employees are eligible for PERS membership:

- Any employee formerly or currently working for the Port who elected to become a City employee at the time the Port changed from State to City operation (2/7/69), regardless of the department or class the employee is in now. (See S.F. Charter Section 8.505.)
- Any employee formerly working for the San Francisco County unit of the State Mental Health Department who elected to become a City employee when this unit was transferred to City administration (10/3/87), regardless of the department or class the employee is working in now. (See S.F. Charter Section 3.696-1.)
- Employees in the following classifications who elected to become PERS members on the transfer date shown:

<u>Transfer Date*</u>	<u>Charter Section</u>	<u>Classifications</u>		
1974 & 1978	8.506	8304	8310	8315
		8306	8312	8348
		8308	8314	8350
7/1/84	8.506-3	8222	8223	8224
7/1/85	8.506-2	9210	9215	9218
		9211	9216	
5/31/86	8.506-2	8204	8206	8209
		8205		
12/27/86	8.506-2	8146	8148	8150
		8147	8149	
9/1/90	8.506-2	8316	8326	8418
		8318	8330	8434
		8320	8340	8435
		8321	8344	8436
		8322	8414	8440
		8323	8415	8442
		8324	8416	

*IMPORTANT: Employees working in the classifications listed who did not transfer on the date shown for each group remained members of the City Retirement System.

**RATE AND INFORMATION
SHEETS ATTACHED**

The PERS Rate and Information Sheets for fiscal years 1989/90 and 1990/91 are attached for your reference.

FILE THIS BULLETIN

Please file this Bulletin in your Procedures Manual in back of Appendix K.

NOTE: The original Bulletin 38, which should be discarded, was filed at the back of the "Other Forms" section.

QUESTIONS

**From Payroll or
Personnel Offices**

About PERS Forms - For questions about submitting PERS forms, call (916) 326-3121.

About PERS Procedures - For questions about the information in the PERS procedures manual, call the numbers listed on the "Telephone and Section Directory" on the second page of each section.

About PPSD Procedures - Questions about submitting PPSD Form 1006A or about PPSD adjustment procedures should be directed to departmental payroll or personnel supervisors. Supervisors who have questions should call Aurora Soy at 558-7802.

From Employees

If employees have questions, please do not ask them to call PPSD. Employee questions must be directed to the departmental personnel offices, or to the San Francisco PERS Office (557-0582).



P.O. BOX 942704
 Sacramento, CA 94229-2704
 Telephone (916) 326-3122

NOTE: Important information on back of member's copy. All information will be kept confidential.

PERS MEMBERSHIP FORM
 PERS-MEM-1 (Rev. 2/90)

SEQ	CORR	SOURCE
		R P T
FOR PERS USE ONLY		

1 SOCIAL SECURITY NUMBER		PART I	
2 CURRENT NAME (LAST) (FIRST) (MIDDLE)		3 BIRTHDATE MM DD YY	4 SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE
5 NAME OF PUBLIC AGENCY		6 DEPARTMENT OR SCHOOL DISTRICT NAME	
7 EMPLOYER CODE	8 UNIT CODE	9 COVERAGE GROUP	10 JOB OR POSITION TITLE
11 TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)			
1 <input type="checkbox"/> APPOINTMENT APPT DATE MM DD YY		2 <input type="checkbox"/> RETURN FROM LEAVE RETURN DATE MM DD YY	
3 <input type="checkbox"/> NAME CHANGE (complete block 12 below) EFF DATE MM DD YY			
12 NAME CHANGE (LAST) (FIRST) (MIDDLE) ENTER PRIOR FULL NAME →			

PART II	
13 TERM OF APPOINTMENT 1 <input type="checkbox"/> PERMANENT 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)	13A IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST _____ MONTHS
13B IF TEMPORARY, CHECK APPROPRIATE BOX. <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR	
14 TIME BASE 1 <input type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME _____	
15 IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input type="checkbox"/> NO	16 IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE. ENTER RATE → _____ . _____

PART III	
17 THE EMPLOYEE IN THIS POSITION IS COVERED BY (CHECK ONE ONLY) 1 <input type="checkbox"/> SOCIAL SECURITY 2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER	18 IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE

PART IV	
19 HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) →	
20 HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES ENTER NAME OF AGENCY(IES) →	

21 REMARKS

22 FORM COMPLETED BY _____ DATE _____ TELEPHONE () _____

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPLICATE TO MEMBER'S FILE; QUADRUPLICATE TO MEMBER

CITY AND COUNTY OF SAN FRANCISCO
PAYROLL/PERSONNEL SERVICES DIVISION

PERS* PRE-TAX RETIREMENT ENROLLMENT/CANCELLATION FORM

ATTN: PPSD PERS DESK

- ENROLL NEW MEMBER CANCEL MEMBERSHIP
 TRANSFER FROM CITY RETIREMENT PLAN CODE CHANGE

EFFECTIVE DATE		
MM	DD	YY
/	/	

EMPLOYEE NUMBER										EMPLOYEE NAME			DEPT. NO.	JOB CLASS
SOCIAL SECURITY NUMBER							MPID	TCD	LAST	FIRST	M.I.			

PREPARED BY _____ PHONE _____ DATE _____

FOR PPSD USE ONLY

PRE-TAX REGULAR RETIREMENT CONTRIBUTION

H Ø Z D C	DED. NO.	FREQ.	RATE				UTILITY					
	4 0	0					5	1	1	0	0	0

H Ø B U 7	PAY CONSTANT
	1
	0

RETIREMENT PLUS CONTRIBUTION (SURVIVOR BENEFIT)

H Ø Z D C	DED. NO.	FREQ.	AMOUNT				UTILITY					
	0 2	0					9	3	0	0	0	0

PLAN CODE	
18 = SAFETY GROUP	- 77101
19 = SAFETY GROUP	- 77001
20 = MISC GROUP	- 70001
21 = MISC GROUP	- 70002
22 = SAFETY GROUP	- 75001
23 = SAFETY GROUP	- 77001
26 = SAFETY GROUP	- 75101
27 = MISC. GROUP	- 70004
28 = MISC GROUP	- 70003
29 = MISC. GROUP	- 70104

CITY SHARE

H Ø Z D C	DED. NO.	FREQ.	RATE				UTILITY				
	6 4	0					5	0	0	0	0

EMPLOYER PAID MEMBER CONTRIBUTION

H Ø Z D C	DED. NO.	FREQ.	RATE				UTILITY				
	5 8	0					5	0	0	0	0

FICA STATUS

H Ø B U 8	

FICA STATUS
1 = EXEMPT
4 = CALCULATE

PLAN CODE
19 = SAFETY GROUP - 77001

PREPARED BY _____ PHONE _____ DATE _____
KEYED BY _____ DATE _____

PAYROLL/PERSONNEL SERVICES DIVISION
EMPLOYEE MEDICARE DEDUCTION

TAX YEAR 1990

NEW HIRE REHIRE CHANGE OF TAX UNIT OTHER CHANGE

EFFECTIVE DATE
 MM / DD / YY

EMPLOYEE NUMBER										EMPLOYEE NAME			DEPT. NO.	APPT. TYPE	JOB CLASS	
SOCIAL SECURITY NUMBER										LAST	FIRST	M.I.				

EMPLOYEE MEDICARE DEDUCTION

H Ø B D C	DED. NO.	FREQ.	PERCENT					GOAL					UTILITY										
		Ø	Ø	Ø	Ø	Ø	1	4	5	Ø	Ø	Ø	7	4	3	8	5	6	Ø	Ø	Ø	1	Ø

DEDUCTION NUMBER-EMPLOYEE
 5 = TAX UNIT 1
 7 = TAX UNIT 3 (DEPT. 14)

CHANGE OF TAX UNIT (START AND STOP)
 0 = STOP DEDUCTION
 9 = EVERY PAY PERIOD

B D C	JED. NO.	FREQ.
		Ø

CITY MEDICARE SHARE

H Ø B D C	DED. NO.	FREQ.	PERCENT					GOAL					UTILITY										
		6	Ø	Ø	Ø	Ø	1	4	5	Ø	Ø	Ø	7	4	3	8	5	6	Ø	Ø	Ø	1	Ø

DEDUCTION NUMBER-CITY
 67 = TAX UNIT 1
 69 = TAX UNIT 3 (DEPT. 14)

CHANGE OF TAX UNIT (START AND STOP)
 0 = STOP DEDUCTION
 9 = EVERY PAY PERIOD

H Ø B D C	DED. NO.	FREQ.
		6

FICA STATUS

H Ø B U 8	FS

FICA STATUS
 1 = EXEMPT
 4 = CALCULATE

PREPARED BY _____

PHONE _____

DATE _____

KEYED BY _____

DATE _____



PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P.O. Box 942704
Sacramento, CA 94229-2704

Table with columns: SEQ, CORR, SOURCE. Content: R, P, T

REPORT OF STATUS CHANGE OR SEPARATION
PERS-BAS-167 (REV. 2-90)

FOR PERS USE ONLY

PART I. EMPLOYER: EMPLOYMENT INFORMATION

Form fields for Part I: 1 SOCIAL SECURITY NUMBER, 2 MEMBER NAME, 3 BIRTHDATE, 4 JOB OR POSITION TITLE, 5 NAME OF PUBLIC AGENCY, 6 EMPLOYER CODE, 7 UNIT CODE, 8 COVERAGE GROUP, 9 TYPE OF ACTION, 10 EFFECTIVE DATE OF ABOVE ACTION, 11 LAST DAY CONTRIBUTIONS WERE DEDUCTED, 12 IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN, 13 SIGNATURE OF CERTIFYING OFFICER, 14 TITLE, 15 DATE

PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS.

I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:

- 1 My service credit with PERS equals or exceeds five years.
2 My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name:
3 As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name:
OR:
As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system:

I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.

- 4 I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.

WAIVER OF RIGHTS: I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.

FEDERAL INCOME TAX WITHHOLDING: Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference.

- I ELECT TO HAVE TAX WITHHELD. I ELECT NOT TO HAVE TAX WITHHELD.

IMPORTANT: Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

Form fields for Part II: 16 MEMBER SIGNATURE, 17 DATE, 18 G/O, 19 SPOUSE SIGNATURE (IMPORTANT IF NO SPOUSE SIGNATURE A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED) SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS, STREET ADDRESS, CITY, STATE, ZIP CODE

EMPLOYER: An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

City and County of San Francisco
 PERS Rate and Information Sheet
 Effective July 1, 1989

Coverage Groups	70001 MISC	70002 MISC	75001 Safety	77001 Safety	77001 Safety	77001 Safety	75101 Safety	70004 MISC	70104 MISC
Plan Codes	20	21	22	23	19	26	27	29	
Covered Job Classes and Groups (see Bulletin 38 for dates transferred to PERS)	Former State Port Employees	Former State Port Employees	9350	(Dept 04) 8146 8147 8148 8149 8150	(Dept 06) 8304 8314 8306 8315 8308 8348 8310 8350 8312	9210 9211 9215 9216 9218	8204 8222 8205 8223 8206 8224 8209	(Dept 10&87) Former State Mental Health Employees	(Dept 87) Former State Mental Health Employees
Soc.Sec.Coverage	NO	YES	NO	NO	NO	NO	NO	YES	YES
Member Contrib. Rates	7%	7%	9%	9%	7.5%	7%	5%	0%	0%
Employee-paid (PRTX RET)									
Employer-paid (PERS SHR)	9.557%	9.557%	18.804%	18.804%	18.804%	18.804%	18.804%	9.557%	9.557%
Employer Contrib. Rate* (RET SHR)	\$.93	N/A	\$.93	\$.93	\$.93	\$.93	\$.93	N/A	N/A
Optional Survivor Fiat Rate (RET PLUS)									
Earnings Included	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	Modified earnings** excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	Modified earnings*** excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.
NOTE: HOL OT is included in earnings for all coverage groups									

*The City has surplus accounts for MISC. groups through February 28, 1992 and for SAFETY groups through December 31, 1997. Until the surplus accounts are used up on these dates, the employer contribution will be 0.
 **For earnings > \$184.00, modified earnings = earnings - \$61; for earnings < \$184.00, modified earnings = earnings x 2/3.

City and County of San Francisco
 Employer Code - 0763
 PERS RATE AND INFORMATION SHEET
 (Effective July 1, 1991)

Coverage Groups	70001 MISC	70002 MISC	75001 Safety	77001 Safety	77001 Safety	77001 Safety	75101 Safety	70004 MISC	70104 MISC	77101* Safety
UNIT CODE	100	200	300	400	400	400	300	500	500	600
Plan Codes	20	21	22	23	19	26	27	29	18	
Covered Job Classes and Groups (see Bulletin 38 for dates transferred to PERS)	Former State Port Employees	Former State Port Employees	9350	(Dept 04) 8146 8147 8148 8149 8150	(Dept 06) 8304 8306 8308 8310 8312	9210 9211 9215 9216 9218	8204 8205 8206 8209	(Dept 10&87) Former State Mental Health Employees	(Dept 87) Former State Mental Health Employees	(Depts. 12 & 13) 8316 8318 8320 8322 8323 8324
Soc.Sec.Coverage	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO
Member Contrib. Rates	7%	7%	9%	9%	7.5%	7%	7%	5%	0%	9%
Employee-paid (PRTX RET)					1.5%					
Employer-paid (PERS SHR)										
Employer Contrib. Rate**(RET SHR)	15.064%	15.064%	22.616%	22.616%	22.616%	22.616%	22.616%	15.064%	15.064%	22.616%
Optional Survivor Flat Rate (RET PLUS)	\$.93	N/A	\$.93	\$.93	\$.93	\$.93	\$.93	N/A	N/A	\$.93
Earnings Included	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	Modified earnings*** excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	Modified earnings*** excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.	All earnings excluding OT, Lump Sum, Stand-by, Call-back, Court Duty & Auto Allow.
NOTE: MOL OT is included in earnings for all coverage groups										

*Pre-Tax Deduction #40 replaced Post-Tax Deduction #01 effective PPE 2/16/90.
 **The City has surplus accounts for MISC. groups through December 31, 1995 and for SAFETY groups through December 31, 1991. Until the surplus accounts are used up on these dates, the employer contribution will be 0.
 ***For earnings > \$184.00, modified earnings = earnings - \$61; for earnings < \$184.00, modified earnings = earnings x 2/3.
 ****Modified earnings = earnings - \$236.77.

