

Longevity & Service Months Info

In Section 1 show all appointment and separation dates, employment type, and full-time/part-time status for the employee. Attach back-up documentation for any service before 1975.

In Section 2, list any periods of leave without pay as these can affect the amount of service and longevity due the employee.

In Section 3, show the number of months of creditable service for longevity and service in each year of employment now due the employee.

SAD Calculations

Move to the "Calculations" tab. In the 'Month That Last Confirmed*' box, put the month that absence management last confirmed. You will use the format Month/01/Year. If you are unsure of what month that is, look at the employee's leave balance. Two examples: If leave balances are as of 4/15/2022, April has not yet confirmed, and the last confirmed month would be 3/1/2022. If leave balances are as of 4/30/2022, April has completely confirmed so you would use 4/1/2022. Rule of thumb, if leave balances are only updated through the 15th, use the prior month. If they are of the 28th, 29th, 30th, 31st, use that month.

Once the Month That Last Confirmed is inputted, it will give you the Longevity Due Date, Service Due Date, the Next Amount Due, and if they are Due Now. If the Due Now? is a Red "No", they are not due anything and you ignore the amount in the last field. If the Due Now? is a green "Yes", they are due the bottom amount. You will need to determine if you can get it fixed in time for Edison to pay or if you need to ask for a supplemental.

201

Once you have completed inputting information into the Longevity & Service Months Info tab and inputting the effective date into the SAD Calculations tab, the 201 should autopopulate the information needed.

Click File

Click Print

Change printer to Microsoft Print to PDF, if necessary

Change to Print Entire Workbook, if necessary

Add digital signatures for all required fields: Form Completed By, Agency Human Resources Officer, and Agency Appointing Authority

Send to your ARC Consultant for processing and include any necessary documentation from Universities/Colleges or SEIS if needed

First Name	Jane
Last Name	Doe
Employee ID	00123456
Dept/Div	123.45

Section 1				Section 2		
Appointment Date	Separation Date	Appt Type	Full/Part	Special Leave From	Special Leave Thru	Special Leave Type
2/5/2017	3/18/2019	Regular	Full			
3/1/2024		Regular	Full			

Section 3		
Year	Longevity (months)	Service (months)
1960		
1961		
1962		
1963		
1964		
1965		
1966		
1967		
1968		
1969		
1970		
1971		
1972		
1973		
1974		
1975		
1976		
1977		
1978		
1979		
1980		
1981		
1982		
1983		
1984		
1985		
1986		
1987		
1988		
1989		
1990		
1991		
1992		
1993		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017	11	11
2018	12	12
2019	3	3
2020		
2021		
2022		
2023		
2024	1	1
Totals	27	27

PR-0196 (rev. 4/24)
RDA 1279

Month That Last Confirmed*

3/1/2024

ARC Effective Date

4/1/2024

Longevity Due Date

12-2024

Service Due Date

12-2026

Next Amount Due

\$300.00

Due Now?

No

If green, amount due now:

\$300.00



REQUEST FOR PERSONNEL ACTION

(1) DEPARTMENT NAME	(2) DIVISION/UNIT	(3) COUNTY
	123.45	

01	(4) EMPLOYEE ID	(5) EMPLOYEE NAME			(6) SSN	(7) APPT TYPE	(8) ACTION	(9) REASON	(10) FULL/PART TIME	(11) Overlapped? (Y or N)	(12) FLEX? (Y or N)	(13) EFFECTIVE DATE				
		LAST	FIRST	MI												
FROM	00123456	Doe	Jane		000-00-0000											
TO																
02	(14) POSITION NUMBER (eight digits)	(15) DEPARTMENT ID (ten digits)	(16) POSITION CLASS TITLE		(17) PERSON CLASS TITLE	(18) CLASS CODE	(19) CLASS SALARY GRADE	(20) STEP (if applicable)	(21) JOB SHARE POSITION?	(22) RATE (Monthly or Hourly)						
FROM																
TO																
03	(23) HIRE DATE	(24) DATE APPOINTED to PRESENT CLASS	(25) PROBATION EXPIRATION DATE	(26) FLSA STATUS	(27) PAY DIFF? (Y or N)	(28) REG/TEMP STATUS	(29) ON PROBATION? (Y or N)	(30) SERVICE ANNIVERSARY		(31) LONGEVITY DUE DATE	(32) TOTAL FULL TIME STATE SERVICE		(33) Longevity Elig. Date			
								DATE	GROUP		TOTAL MONTHS	Last Year Paid		Longevity Mos		
FROM																
TO								12-2026		12-2024	27		27			
04	EMPLOYEE MAILING ADDRESS					(36) STATE	(37) ZIP CODE	(38) LEGAL COUNTY	(39) MARITAL STATUS	(40) VETERAN? (Y or N)	(41) SEX	(42) US Citizen? (Y or N)	(43) DATE of BIRTH	(44) ETHNIC GROUP		
	(34) STREET NAME		(35) CITY													
FROM																
TO																
05	(45) HOME PHONE	(46) WORK PHONE	(47) REQUISITION NUMBER	(48) SEPARATION		APPOINTMENT TYPES: Regular Temporary Seasonal Emergency Temp Prov Interim Limited Term			CHANGE TYPES: Across the Board Adjustments to Entry Step Admin. Adjustment Career Path Change Class Upgrade Demotion Flex Reclassification No-Fault Demotion Part to Full Time Pay Differential Promotion Reallocation Reclassification Salary Adjustment Salary Admin Increase Salary Policy Increase Transfer							
				Last Day Worked?	Rehire? (Y or N)											
FROM																
TO																
SEPARATION TYPES:				MISCELLANEOUS TRANSACTIONS:		EXTENDED LEAVE			REMARKS:							
Death	Job Abandonment	Resigned - Not in Good Standing		Cancel Time Without	Board of Claims	Special Leave w/o pay										
Disability Retirement	Job Change	Retirement		Cancellation of Appt.	Educational	Suspension - Ltr req'd										
Dismissal - Gross Misconduct	Job Dissatisfaction	Return to School		Cancellation of Sep. Data Change	Educational - Personal w/o pay											
Dismissal - Ltr req'd	Layoff - Ltr req'd	To Remain at Home		Performance Evaluation	Maternity Leave w/o pay											
Exp. of Appt For Better Pay	Mandatory Retirement			Prob/Serv/Long Change	Military Leave w/o pay											
For Health	Other - Ltr req'd			Time Without	Return from leave											
Incentive Retirement	Personal				Return from Suspension											
					Sick Leave Bank											
Digital Signature-Preparer													Digital Signature-HRO		Digital Signature-AA	
Form Completed by		Date		Agency Human Resources Officer		Date		Agency Appointing Authority		Date		FOR DOHR ONLY: ___ Approved ___ Disapproved				
											DOHR Appointing Authority		Date			