STATE CONTROLLER'S OFFICE
EMPLOYEE INFORMATION SYSTEM

PERSI ADJUSTMENT MVA FORM (EIS-C042)
USED FOR PERSI EMPLOYER ADJUSTMENTS ONLY
(EMPLOYEE MUST BE ON TERM FILE)

TEMP-C042

AGENCY NAME

TRAN	SOCIAL SECURITY #	EIS ONLY EFF DT YYYMMDD	ORG #	USER
222				

006	EMP LAST NAME & APPEND	007	FIRST NAME	008	MIDDLE NAME	655	MAILING ADDRESS

661	MAILING CITY	662	ST	663	ZIP CODE	015	BIRTH DATE	009	SEX		010	RCE	057	PAY LOC	055	ASSN LOC
			11				19		F	M	0	A				

FEDERAL TAX

PCN	86T	SFT	851	UI
		N		Y

169	T ST	252	M ST	253	WTHD A	164	FED	166	ST	167	FIC
	11		S		000		N		N		N

STATE TAX

ST CD	303	M ST	304	WTHD A	310	WK COMP
11		S		000		

TRAN	BATCH #
002	

PAY PER	BATCH HRS	BATCH DOLLARS
	0 | 0	0 | 0

TRN	EFF DATE YYYMMDD	SEQ	ST	EXP CLS	ERN CD	HOURS WKD	AMT EARNED
042		01	11	**4110**	**MAN**	0	0

SEQ	ST	EXP CLASS	DED CD	DED AMT
91	11	**4225**	**952**	
91	11			
91	11			
91	11			
91	11			

INDEX	PCA	GRANT/PROJECT

SEQ	CHECK NUMBER	NET AMT	T	POST DATE YYY MM DD
06	**29999999**	**0.00**	**E**	

REASON FOR ISSUANCE	PREPARED BY:
REFUND OF PERSI'S EMPLOYER SHARE PER PERSI LETTER DATED_____	APPROVED BY:

_____ TERMED _____
Name Date