PERSON AUTHORIZING REQUEST: Michael O'Neill  PHONE NO.: 7-0905
DEPARTMENT: Payroll Coordination
ADDRESS: 10th Fl. Franklin Bldg.

CONTACT: Kathy Henmi  PHONE NO.: 7-0945
BILLING NO. or ACCT-FUND-SUB: 0126
SYSTEMS / FILES / PROGRAMS: Payroll

DESCRIPTION OF REQUEST:

Please make the modifications to the online reports per the attached requirements.

PRODUCTION RUN

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>EFFECTIVE DATE OF INFORMATION</th>
<th>TYPE OF RUN</th>
<th>TYPE OF OUTPUT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
<td>DY</td>
<td>YR</td>
</tr>
</tbody>
</table>

RETRIEVAL/PRODUCTION RUN  DISTRIBUTION OF OUTPUT INSTRUCTIONS: (FOR RETRIEVAL REQUESTS, INCLUDE LONG TERM FILE RETENTION INSTRUCTIONS IF APPROPRIATE)

IR&C USE ONLY

- [ ] R
- [ ] NR
- [ ] IM STAFF
- [ ] TO:
- [ ] RET
- [ ] CORP SYS
- [ ] M & O
- [ ] PAYROLL
- [ ] PRODUCTION CONTROL

DATE RECEIVED | REVISED DUE DATE | DATE COMPLETED | COMPLETED BY | COMPUTING TIME | STAFF TIME | BILLING NO. | JOB NAME | COMMENTS |

<table>
<thead>
<tr>
<th>ESTIMATE INFORMATION</th>
<th>COMPLETION DATE</th>
<th>STAFF HOURS</th>
<th>ESTIMATED COSTS</th>
<th>ESTIMATED TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPUTING COSTS</td>
<td></td>
</tr>
</tbody>
</table>

REQUEST FOR ESTIMATE ONLY  

AUTHORIZED SIGNATURE | NAME, TITLE, ADDRESS | DATE |

APPROVAL TO PROCEED (BASED ON ESTIMATE)  

AUTHORIZED SIGNATURE | NAME, TITLE, ADDRESS | DATE |
IDOC & IHHR
Attachment to Service Request #16928
March 17, 2004

In order to protect an employee’s privacy regarding the Social Security Number, modifications to certain reports produced out of the Payroll/Personnel System (PPS) are required.

In the History Reporting subsystem (IHHR), a standard heading is provided at the beginning of each report which includes the employee’s name, employee identification number, Social Security Number, employment status, and other data. Since the Social Security Number (EDB 0111) on these reports is not required by law, it should be deleted from the reports. The employee identification number can be used as the unique identifier. (A sample report is attached.)

In the Employee Documents subsystem (IDOC), there are three reports which can contain either the employee’s Social Security Number or a dependent’s Social Security Number. Language needs to be added requesting the employee to verify these numbers. Verification language has been added to the following reports (samples attached):

Summary of Initial Hire or Rehire
Summary of UC Benefits Enrollment
Summary of Retirement and Saving Program Information

These changes should be implemented no later than July 1, 2004.
**NON-ACADEMIC SALARY HISTORY REPORT-FULL APPOINTMENT DISTRIBUTION HISTORY**

**PRESIDENT, EXEC**  
**STATUS:** Active  
**MOST RECENT HIRE:** 07/01/82  
**PROB.PERIOD END DT:**  
**000000001 552-14-2011**  
**ORIGINAL HIRE:**  
**NEXT SALARY REVIEW:** 07/90 Merit Increase  
**804918 CHAN OFFICE**  
**EMP.REC.CODE:** A-Mgr-Not Confidential  
**EMP.UNIT CODE:** A3 Academic Senate - UCD

******************************************************************************
**APPOINTMENT HISTORY******************************************************************************

**DOS Selection = Regular Distributions and Equivalents**

**APPOINTMENT/DISTRIBUTION DATA**

<table>
<thead>
<tr>
<th>Academic / Academic /Exempt</th>
<th>07/01/82 to 99/99/99</th>
<th>DUR:</th>
<th>% FULL TIME:</th>
<th>GRADE:</th>
<th>TUC:</th>
<th>REP:</th>
<th>LEAVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 PROFESSOR - ACADEMIC YEAR</td>
<td>notfound</td>
<td>.00</td>
<td>FIXED</td>
<td>A3</td>
<td>U</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>07/01/82 to 99/99/99 Step: 3-404918-</td>
<td>-19900-</td>
<td>.00</td>
<td>WOS-WITHOUT SAL</td>
<td>.0000</td>
<td>WSP: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/01/82 to 99/99/99 Step: 3-404918-</td>
<td>-19900-</td>
<td>.00</td>
<td>WOS-WITHOUT SAL</td>
<td>.0000</td>
<td>WSP: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24 Leave Plan Code Chnge  
**06/28/96**

<table>
<thead>
<tr>
<th>Mgmt/Prof / Regular/Ga/Exempt</th>
<th>07/01/96 to 99/99/99</th>
<th>DUR:</th>
<th>861001 BUDGET OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001 PRESIDENT OF THE UNIVERSITY</td>
<td>Indefinite</td>
<td>300000.00</td>
<td><strong>GRADE:</strong> E <strong>TUC:</strong> 99 <strong>REP:</strong> U <strong>LEAVE:</strong> K</td>
</tr>
</tbody>
</table>

24 Leave Plan Code Chnge  
**06/28/96**

<table>
<thead>
<tr>
<th>Mgmt/Pres / Regular/Ga/Exempt</th>
<th>07/01/96 to 99/99/99</th>
<th>DUR:</th>
<th>861001 BUDGET OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001 PRESIDENT OF THE UNIVERSITY</td>
<td>Indefinite</td>
<td>300000.00</td>
<td><strong>GRADE:</strong> E <strong>TUC:</strong> 99 <strong>REP:</strong> U <strong>LEAVE:</strong> K</td>
</tr>
</tbody>
</table>

| 07/01/96 to 99/99/99 Step: 3-661001- | -19900- | 25000.00 | REG-REGULAR | .7500 | WSP: 0 |
| 07/01/96 to 99/99/99 Step: 3-661001- | -60100- | 25000.00 | REG-REGULAR | .7500 | WSP: 0 |
| 07/01/96 to 99/99/99 Step: 3-661001- | -19900- | 25000.00 | REG-REGULAR | .2500 | WSP: 0 |

******************************************************************************
**LEAVE OF ABSENCE INFORMATION**

<table>
<thead>
<tr>
<th>Leave Begin Date</th>
<th>Leave Return Date</th>
<th>Leave Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;&gt;&gt;&gt; No data available. &lt;&lt;&lt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

******************************************************************************
**SEPARATION INFORMATION**

<table>
<thead>
<tr>
<th>Separation Date</th>
<th>Last Day on Pay Status</th>
<th>Separation Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;&gt;&gt;&gt; No data available. &lt;&lt;&lt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Non-Academic Salary History Report - Full Appointment Distribution History

**President, Exec**

<table>
<thead>
<tr>
<th>Award Date</th>
<th>Award Amount</th>
<th>Award Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;&gt;&gt;&gt;</td>
<td>No data available.</td>
<td>&lt;&lt;&lt;&lt;</td>
</tr>
</tbody>
</table>
Welcome to the University of California, SYSTEMWIDE. This summary will provide you with an overview of your appointments and related information. This summary is not intended to be a contract or binding document. It is for informational use only. If you have any questions, corrections, or need to update any personal information, please contact your department personnel office.

PERSONAL INFORMATION

You have been issued Employee Identification Number 000050049.
Your Date of Birth has been recorded as 03/15/57.
Your Social Security Number is 548-29-4347.

Your citizenship status is: U.S. Citizen
Your Visa Type is: Work Permit
End Date: Date of Entry: 10/20

You have chosen the following Withholding Allowances:
Federal Tax Status: Married 4
State Tax Status: Married 1
Additional State Allowances: 3

Your most recent date of hire is: 07/01/03

We have as your Permanent Address: Phone Number: Spouse's Name:
500 PARNASSUS AVE. SR COMPUTER OPER, STAFF
CHICAGO IL, 62606

You have chosen to allow UC to use no personal information for business purposes.

You have chosen to disclose your home address and home telephone to Employee Organizations.

Your sick leave balance is: 592.973744 hours
Counting from you have 175 months of employment service credit
and months prior UC/State Service.

APPOINTMENT INFORMATION

You have been appointed as:

(1) COMPUTER OPERATOR, SR Title Code: 4812 Grade: None
Department: CHANCELLORS OFFICE
Term of Service: 07/01/96 to Indefinite
Percent of Time: 100 FLSA: NonExempt
Personnel Program: Prof/Sup Staff Appointment Type: Regular/Career

Your position is covered by the following union contract(s):
UNIVERSITY OF CALIFORNIA
PAYROLL/PERSOONEL SYSTEM
Summary of Initial Hire or Rehire

(1) Technical

Your appointment has qualified you for:
University of California Retirement Plan
OASDI & Medicare
Full Benefits

Your appointment(s) allows you to accrue the following:
(1) Vacation: Yes *Rate: 12.00 hrs/month
   Sick Leave: Yes *Rate: 8.00 hrs/month
*Note: Accrual rate shown is the approximate maximum that may be earned for
100 percent time per month or quadriweekly cycle. Your accrual will vary
according to your hours worked. You must be on pay status at least one-half
of the working hours in the month or quadriweekly cycle to be eligible to
earn vacation or sick leave for that period.

At this time, you are scheduled to receive a Salary Review on 07/93
for Merit Increase

---------------------------------------------------------------------------------------

SALARY INFORMATION
---------------------------------------------------------------------------------------

You will be receiving your paycheck on a Monthly basis.
You have selected that it be distributed by SurePay
to: WELLS FARGO

The following indicates your salary, type of payment and source of funding:

(1) REGULAR PAY
   2,113.00 Monthly 25,356.00 Annually
   Step 1.0 at 100% Fixed Time
   from account 3-404918-19900-1
   effective 07/01/96 with end date of Indefinite

MIGHT SHIFT DIFFERENTIAL
   53.76 Monthly 25,356.00 Annually
   Step 1.0 at 50% Fixed Time
   from account 3-404918-19900-2
   effective 07/01/96 with end date of Indefinite

---------------------------------------------------------------------------------------
TO: MOLLY CODDLE
FROM: CHANCELLORS OFFICE
GAYLE MEMORIAL TOWER

This summary presents information about your UC-sponsored benefit enrollments as of 03/12/04. This summary is for information purposes only and is not a guarantee of eligibility or benefit amounts. Please review the information to be sure it is correct. Contact the person who handles Benefits in your department or your Benefits Office if you have any questions or think there may be an error.

PERSONAL INFORMATION
------------------------------------------------------------------------------------------------------------------
Your Employee Identification Number is: 000050049
Your Birthdate is: 03/15/57
We have as your Permanent Address:
500 PARNASSUS AVE.
CHICAGO IL, 62606
Your citizenship status is: U.S. Citizen
Your Visa Type is: Your Work Permit End Date is:

You have chosen the following Withholding Allowing:
Federal Tax Status: Married 4
State Tax Status: Married 1
Additional State Allowances: 3

Your appointment has qualified you for:
University of California Retirement Plan
OASDI & Medicare
Full Benefits

HEALTH AND WELFARE BENEFIT ENROLLMENT INFORMATION
------------------------------------------------------------------------------------------------------------------
You are enrolled in the following health and welfare plans:

* Kaiser North
  W/Adult Coverage
  Coverage Effective date: 11/03/01
  Your monthly cost for this coverage is: $ 7.35
  Your contribution base is: 027

* Delta Dental
  W/Adult Coverage
  Coverage Effective date: 11/03/01
  Your monthly cost for this coverage is: $ 0.00

* Vision Services Plan
  W/Adult Coverage
  Coverage Effective date: 11/03/01
  Your monthly cost for this coverage is: $ 0.00

* De-enrolled
Coverage Effective date: 03/01/00
Your monthly cost for this coverage is: $ 0.00

The following family members are enrolled:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Enrolled/Effective Date/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 Coddle</td>
<td>Domestic Partner</td>
<td>Yes 01/01/01 01/01/93 01/01/93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Enrolled/Effective Date/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(It is your responsibility to ensure that all family members meet UC eligibility requirements. Contact your campus benefit representative for more information.)

Additionally, you are enrolled in the following:

* Accidental Death & Dismemberment Insurance
  Your coverage type is: Family coverage
  Amount of Coverage: $ 45,000.00
  Coverage Effective Date: 01/01/90
  Your monthly cost for this coverage is: $ 0.00

* Short Term Disability Insurance

* Supplemental Disability Insurance
  Waiting period: 30 days
  Salary Base: $ 2167.00
  Coverage Effective Date: 02/01/04
  Your monthly cost for this coverage is: $ 8.45

* Basic Life Insurance in the amount of $ 26,000.00

* Supplemental Life Insurance
  Plan Type: 4 times your most recent January 1 Annual Salary Base
  Annual Salary Base: $ 27,000.00
  Coverage Effective Date: 02/01/04
  Your monthly cost for this coverage is: $ 11.99

* Dependent Life Insurance
  Coverage Level: Basic Plan (Flat)
  Coverage Amount: $5,000 each for Spouse/Partner and eligible children
  Coverage Effective Date: 02/01/04
  Your monthly cost for this plan is: $ 1.49

You are participating in the Tax Savings on Insurance Premium (TIP) Plan. Any premiums you pay as an employee for health will be on a pre-tax basis.

--------------------------------------------------------------------------------

REirement And Savings Program Information
Your 403(b) maximum annual contribution limit is $12,000.00
Your current year-to-date 403(b) contributions total is $0.00

You are directing your Defined Contribution Plan (DCP) funds to:
Savings Fund

US SAVINGS BONDS

You currently participate in the US Saving Bond Payroll Deduction Program:

Bond 1: Bond Amount: 100.00 Purchase Price: 50.00
Bond Owner: BABY CODDLE SSN: 111-22-2333
Address: 1234 PINE ST OAKLAND CA 94602
Beneficiary/Co-Owner: B MOLLY CODDLE
This summary presents information about your UC-sponsored retirement and savings plan enrollments as of 03/12/04. This summary is for informational purposes only and is not a guarantee of eligibility or benefit amounts. Please review the information to be sure it is correct. Contact the person who handles Benefits in your department or your Benefits Office if you have any questions or think there may be an error.

PERSONAL INFORMATION

Your Employee Identification Number is: 000050049
Your Birthdate is: 03/15/57
We have as your Permanent Address:

500 PARNASSUS AVE.
CHICAGO IL, 62606

Your citizenship status is: U.S. Citizen
Your Visa Type is: 
Your Work Permit End Date is:

You have chosen the following Withholding Allowances:
Federal Tax Status: Married
State Tax Status: Married
Additional State Allowances: 3

Your appointment has qualified you for:
University of California Retirement Plan
OASDI & Medicare
Full Benefits

RETIREE AND SAVINGS PROGRAM INFORMATION

Your 403(b) maximum annual contribution limit is $12,000.00
Your current year-to-date 403(b) contributions total is $ 0.00
You are directing your Defined Contribution Plan (DCP) funds to:
Savings Fund

US SAVINGS BONDS

You currently participate in the US Saving Bond Payroll Deduction Program:

Bond 1: Bond Amount: 100.00 Purchase Price: 50.00
Bond Owner: BABY CODDLE SSN: 111-22-2333
Address: 1234 PINE ST

OAKLAND CA 94602

Beneficiary/Co-Owner: B MOLLY CODDLE