

GUIDELINES TO COMPLETE THE PERSONNEL MASTER CHANGE FORM

The following information is provided to assist YCC supervisors with accurately completing the Personnel Master Change Form. A blank form is provided on page 4.

YOUTH LEADER

Y-Yes (please put it at the top right corner of page)

N-No

SOCIAL SECURITY NUMBER (24-32)

Provide the nine digit number from the enrollee's Social Security Card.

ENROLLEE NAME (34-58)

First – Middle – Last

BIRTH DATE (59-64)

SEX (65)

M-Male

F-Female

CITIZEN (66) (ALWAYS YES)

1-Citizen of the United States, by birth or naturalization.

EFFECTIVE DATE (17)

The day the YCC started employment at the station.

NOT TO EXCEED (28-33)

The actual last day employed at the station.

ORGANIZATION CODE (34-44)

The ORG Code that is funding the YCC enrollee.

SALARY PAY RATE (45-49)

The rate of pay the YCC enrollee will receive. This is the highest of either the federal or state minimum wage rate. If the enrollee is an YCC Crew Leader, they will receive an additional 15% above the minimum wage rate.

RACE/NATIONAL ORIGIN (70)

A AMERICAN INDIAN OR ALASKAN NATIVE

B ASIAN OR PACIFIC ISLANDER

C BLACK, NOT OF HISPANIC ORIGIN

D HISPANIC

E WHITE, NOT OF HISPANIC ORIGIN

- F ASIAN INDIAN (FOR USE IN HAWAII ONLY)
- G CHINESE (FOR USE IN HAWAII ONLY)
- H FILIPINO (FOR USE IN HAWAII ONLY)
- J GUAMANIAN (FOR USE IN HAWAII ONLY)
- K HAWAIIAN (FOR USE IN HAWAII ONLY)

HANDICAP CODE (71-72)

- 01 HANDICAP NOT IDENTIFIED
- 04 NO HANDICAP (ASSESSMENT PRIOR TO 10/01/87)
- 05 NO HANDICAP
- 06 HANDICAP NOT LISTED
- 13 SEVERE SPEECH MALFUNCTION OR INABILITY TO SPEAK, HEARING
- 15 HARD OF HEARING
- 16 TOTAL DEAFNESS IN BOTH EARS WITH UNDERSTANDABLE SPEECH
- 17 TOTAL DEAFNESS IN BOTH EARS AND UNABLE TO SPEAK CLEARLY
- 22 ABILITY TO READ ORDINARY SIZE PRINT WITH GLASSES BUT LOSS VISION
- 23 INABILITY TO READ ORDINARY SIZE PRINT, NOT CORRECTABLE BY

YEARS OF EDUCATION (73-74)

- 01 UNDER SEVEN GRADES
- 07 SEVEN GRADES
- 08 EIGHT GRADES
- 09 NINE GRADES
- 10 TEN GRADES
- 11 ELEVEN GRADES
- 12 TWELVE GRADES
- 13 THIRTEEN GRADES
- 14 OVER THIRTEEN GRADES

POPULATION SIZE CODE (75)

- 1 UNDER 2,500
- 2 2501- 10,000
- 3 10,001- 25,000
- 4 25,001- 50,000
- 5 50,001- AND UP
- 6 NOT REPORTED

FAMILY INCOME CODE (76)

- 1 UNDER \$10,000
- 2 \$10,001- \$20,000
- 3 \$20,001- \$30,000
- 4 \$30,001- AND UP
- 5 NOT REPORTED

DUTY STATION (31-39)

THIS IS YOUR STATE, CITY, AND COUNTY CODES

DUTY STATION	DUTY STATION CODE
Arapaho NWR	08 2490 057
Arrowwood NWR (includes Chase Lake NWR)	38 2550 093
Audubon NWR Complex	38 0650 055
Bear River MBR	49 0150 009
Chase Lake NWR-WDM	38 3430 093
Crescent Lake NWR Complex	31 4340 157
Creston NFH	30 0680 029
Des Lacs NWR	38 0770 101
Devils Lake WMD (Sullys Hill NGP)	38 0780 071
Ennis NFH	30 0395 057
Flint Hills NWR	20 2330 111
Garrison Dam NFH	38 3683 055
Gavins Point NFH	46 3070 135
J Clark Salyer NWR Complex	38 3150 049
Kirwin NWR	20 2880 147
Lee Metcalf NWR	30 1100 081
Medicine Lake NWR	30 0800 091
Quivira NWR	20 5210 85
San Luis Valley NWR	08 0030 003
Upper Souris NWR	38 0310 101
Valley City NFH	38 3160 003
Vernal CRFP	49 2010 047
Waubay NWR-WMD	46 2870 037

EMPLOYEE NAME _____
DATE PREPARED _____
PREPARED BY _____
REVIEWED BY _____

PERSONNEL MASTER CHANGE NOTICE FOR YOUTH CONSERVATION CORPS ENROLLEES

DATA ELEMENT (131) (129) (136)

DOCUMENT CONTROL NUMBER			
DATA TYPE	SUBMITTING OFFICE NO	PERS OFF	SEQUENCE NUMBER
A	22		

1 14

AREA	TABLE NO.	AREA	TABLE NO.
DCN (4-7)	19	A2 (06)	10
DCN (8-9)	12	A3 (01)	19
A1 (03)	3/10/12/19/26/60	A3 (02)	12
A1 (04)	3/10/12/19/26/60	A3 (03)	60
A2 (03)	8	A3 (06)	04
A2(04)	8		

DATA ELEMENT (130) (130A) (001) (002) (1258) (004) (004A) (016) (029) (015) (017) (018)

RECORD IDENT	RECY TRAN	MAST TRAN	DEPT	BUR	ACTION RELEASE CODE	SOCIAL SECURITY NUMBER	CHK DIG	EMPLOYEE NAME	BIRTH DATE			SEX	CITIZ	CONTROL TOTAL	UNASSIGNED
									YR	MO	DAY				
A	1		I	N	Y	F									

15 17 20 21 23 24 32 33 34 50 58 59 61 63 65 66 67 70 80

DATA ELEMENT (087) (087A) (086) (086A) (062) (009) (050) (088) (031) (032) (532) (531A) (531)

RECORD IDENT	EFFECTIVE DATE			NATURE OF ACTION	NOT TO EXCEED			ORGANIZATION CODE	SALARY/PAY RATE	NATURE OF ACTION DESCRIPTION INSERT (for correcting SSN or DOB)	RACE NATL ORIGIN	HDCP CODE	YEARS OF EDUC	POPULATION INCOME	UNASSIGNED
	YR	MO	DAY		HR	CODE	SS								
A	2														

15 17 23 24 27 28 33 34 40 45 50 60 70 71 73 75 76 80

DATA ELEMENT (005) (129) (000) (200) (202) (007)

RECORD IDENT	SUBMITTING OFFICE NO.	SERVCG PERS OF	SUB BUR	PAY BLOCK	TIME KEPR DELVY CODE	DUTY STATION			UNASSIGNED
						ST	CITY	COUNTY	
A	3								

15 17 20 21 23 25 28 31 33 37 40 50 60 70 80